



RIVERSIDE PRIVATE SCHOOL

P O Box 8373, Swakopmund, Dr. Kuaima Riruako Avenue, Kramersdorf
 Tel: 064-463 421, Email: office@rps.edu.na

APPLICATION FOR ENROLMENT

FOR OFFICE USE	
APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>
STUDENT NUMBER	

YEAR OF ENROLMENT	GRADE
STUDENT DETAILS	
SURNAME:	GENDER:
FIRST NAME:	PREFERRED NAME:
DATE OF BIRTH:	PLACE OF BIRTH:
CITIZENSHIP:	RESIDENTIAL ADDRESS:
HOME LANGUAGE:	OTHER LANGUAGES:
STUDENT LIVES WITH: BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> (specify below)	
STUDY PERMIT NUMBER (if foreign student):	CURRENT GRADE:
CURRENT SCHOOL:	NAME OF PRINCIPAL AND CONTACT DETAILS:
FULL NAME OF BIOLOGICAL BROTHER (S) AND/SISTER (S) WHO ARE CURRENTLY A LEARNER AT RIVERSIDE PRIVATE SCHOOL	
NAME:	GRADE:
NAME:	GRADE:
NAME:	GRADE:

PARENT/GUARDIAN DETAILS

	FATHER	MOTHER	GUARDIAN
SURNAME:			
FIRST NAMES:			
DATE OF BIRTH:			
ID / PASSPORT:			
POSTAL ADDRESS:			
RESIDENTIAL ADDRESS:			
TEL NO (H):			
TEL NO (W):			
TEL NO (CELL):			
E-MAIL ADDRESS:			
PROFESSION:			
PLACE OF EMPLOYMENT:			

PERSON RESPONSIBLE FOR SETTLEMENT OF ACCOUNTS

SURNAME:	FIRST NAME:
TELEPHONE NUMBER:	E-MAIL ADDRESS:
ID NUMBER:	

CREDIT REFERENCES

NAME:	CONTACT DETAILS:
1.	1.
2.	2.

ADDITIONAL AND MEDICAL INFORMATION	
LEARNING DIFFICULTIES (IF ANY):	
GRADES PREVIOUSLY REPEATED:	
CONTACT DETAILS OF PERSON IN THE EVENT OF ILLNESS / ACCIDENT OR ANY OTHER EMERGENCY	
NAME:	TEL NO:
1.	
2.	
FAMILY DOCTOR	
NAME:	TEL NO:
MEDICAL AID:	
NAME:	TEL NO:
<i>If available, please attach a copy of your Medical Aid Membership Card</i>	
Allergies/Medical Condition/Confidential Information that you think the school should be aware of:	
PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTATION TO THIS APPLICATION	
FULL BIRTH CERTIFICATE	
LAST SCHOOL REPORT	
STUDY OR PERMANENT RESIDENCE PERMIT <i>(if not Namibian Citizen)</i>	
IDs OF PARENTS	
2 X PASSPORT PHOTOS OF CHILD	
SCHOOL READINESS REPORT FROM OCCUPATIONAL THERAPIST <i>(only Grade 1 Applications)</i>	
PROOF OF RESIDENCE <i>(Latest Municipality Account)</i>	

PLEASE TAKE NOTE

- You will be informed about the outcome of this application.
- Misleading or false information will lead to the immediate cancellation/disqualification of this application.
- This application does not guarantee a place at Riverside Private School.
- Please ensure that all pages are completed. Incomplete applications will not be considered.

NAME OF PARENT/GUARDIAN (in full)

DATE

SIGNATURE OF PARENT/GUARDIAN