



P.O.Box473  
Okahao  
Namibia  
Cell: 0816019887

Email: [Charischristiancc@gmail.com](mailto:Charischristiancc@gmail.com)



## REGISTRATION FEES N\$100.00 NON-REFUNDABLE (2025)

### CHILD PROFILE:

Surname \_\_\_\_\_  
Name \_\_\_\_\_  
Gender: Male ☐ Female ☐  
Date of birth \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Home Language \_\_\_\_\_  
Name of the previous school \_\_\_\_\_  
Child's Religion Denomination \_\_\_\_\_

### Please tick the correct box:

- Nursery N\$450.00 (2-3 years) ..... ☐
- Bigger nursery N\$ 500.00 (4-5 years)..... ☐
- Pre-primary N\$550.00 (6 years)..... ☐
- Grade 1-3 N\$ 650.....Grade1 ☐ Grade2 ☐ Grade3 ☐
- After school care from 14:00-18:00 N\$150..... ☐
- Afrikaans N\$150.00 ..... ☐
- Hostel N\$800.00..... ☐
- Transport N\$ 300..... ☐

Is your child immunized against: Polio: Yes ☐ No ☐ Chicken Pox: Yes ☐ no ☐

Any other information (e.g. health status, allergies food hand caps):

\_\_\_\_\_

Contact details of a family member / Friend to be contacted in absence of parents:

\_\_\_\_\_

Person authorized to pick up the child: Name \_\_\_\_\_

Cell: \_\_\_\_\_

**PARENT /GUARDIAN PROFILE:**

Father \_\_\_\_\_ Occupation \_\_\_\_\_  
Id no \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
Id no \_\_\_\_\_ cell \_\_\_\_\_

Guardian \_\_\_\_\_ Occupation \_\_\_\_\_  
Id No \_\_\_\_\_ Cell \_\_\_\_\_

**Please tick in the box below**

**Main Contact:** Mother ☐ Father ☐ Guardian ☐

**Marital status:** Single ☐ Married: ☐

**PAYMENT AGREEMENT**

**NB!** School fees is to be paid from January to December this include school holidays. School fees is to be paid at the beginning of the month from the 1<sup>st</sup> **until the 5<sup>th</sup>** Failure to pay the school fees for two months it will result in suspension of the learner from the school and the learner will return back from school when payment is fully paid with the interest of 15% .If the child stays at school from 13:30 for more than three days a charge of after-care N\$ 150.00 will be paid.

Please tick the date of payment. 20-25<sup>th</sup> ☐ 25-30<sup>th</sup> ☐ 30- 5<sup>th</sup> ☐

**I have read and understood the above mention information to take this 12-month contract of my child.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Loini M.N Shikololo

\_\_\_\_\_  
**Principal**

Bank details: **Standard Bank**

**Account name:** Charis Christian school cc

**Account no:** 60004323342

**Account type:** Saving acc

**Branch name:** Oshakati

**F.N.B PAY TO CELL: 0816019887**