P.O.Box473
Okahao
Namibia
Cell: 0816019887
Email:Charischristiancc@gmail.com

APPLICATION FORM 2026 (N$100.00 NON-REFUNDABLE)

Must be completed by parent or legal guardian only and returned to school promptly.

STUDENT PROFILE

First Names_____

Surname_____

Gender and date of birth: Male ☐ Female ☐ D.O.B_____

Home language: _____Place of birth: _____

Nationality: _____Religion:_____

Physical address: _____Previous School: _____

Attach a certified copy of birth certificate, and 1st or 2nd semester report.

PARENT/ GUARDIAN PROFILES

Tick only one main contact.

MOTHER'S DETAILS

☐ **is the main contact**

Name and Surname_____

ID no: _____ Cell no: _____

Employer Name: _____ Position: _____

Single ☐ Married ☐ Divorced ☐

FATHERS 'S DETAILS

☐ **is the main contact**

Name and Surname_____

ID no: _____ Cell no: _____

Employer Name: _____ Position: _____

Single ☐ Married ☐ Divorced ☐

GUARDIAN'S DETAILS

☐ is the main contact

Name and Surname_____

ID no: _____ Cell no: _____
Employer Name: _____ Position: _____

HEALTH CONDITIONS

Allergies/disabilities specify_____

Please tick the correct box:

- Nursery N$450.00 (2-4 turning 4years) that year ……..☐
- Bigger nursery N$ 500.00 (4 -5 turning 5 years) that year.....☐
- Pre-primary N$550.00 (5-6 turning 6 years) that year……☐
- Grade 1-3 N$ 650 Grade1☐ Grade2☐ Grade3 ☐
  After school care from 14:00-18:00 N$150……..☐
- Afrikaans N$150.00 ……..☐
- Hostel N$700.00…….. ☐
- Transport N$ 300……☐

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 1st **until the 5th** 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 40% .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. **20-25th**☐ **25-30th**☐ **30- 5th**☐

Bank details: Standard Bank
Account name: Charis Christian school cc
Account no: 60004323342
Branch name: Oshakati. : For **F.N.B Make a pay to cell 081 60 19 887**

I _____as the legal parent/guardian of the child named above hereby confirm that the information provided on this form is Correct as of this day ……/…...202…

_____
Mrs. Loini