Christ's Love Christian School

BOX 8149 BACHBRETCHT, WINDHOEK 061304233 /081 277 2229 clcs.dorado@gmail.com Erf 283 Gemini St. Dorado Park

Reg. no. 8987 Application no. …….

**APPLICATION FORM 2026**

**KINDLY SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM**

1. A Certified Birth Certificate Copy.
2. Written proof of physical place of residence and/ or employment- e.g. Municipality Bill.
3. 1 Passport Photo
4. School Report from the previous school
5. Copy of I.D – of the person that will be responsible for fees payments

**LEARNER INFORMATION**

Child's Surname (as per birth certificate) : _____

First Names:_____ Date of birth:_____

Age: _____ Child's Gender: _____

Home Language: _____ Citizenship: _____

Residential Address of child**:** _____

_____

Home Tel: _____ Cell No: _____

**Emergency Contact** (other than the parents) Name: _____

Relationship to child: _____Tel No: _____ Cell No: _____

Grade: _____ (Applied for)

**FATHER/ GUARDIAN INFORMATION**

Father's Surname: _____ Name: _____
ID/Passport No: _____
Residential Address:_____
Postal Addresss: _____ Telephone (home) _____
(Work) _____ (Cell) _____
E- mail: _____ Marital Status: _____
Occupation: _____ Current Employer: _____
Business/ Work Address: _____
E- mail: _____

**MOTHER/ GUARDIAN INFORMATION**

Mother's Surname: _____ Name: _____
ID/Passport No: _____
Residential Address:_____
Postal Addresss: _____ Telephone (home) _____
(Work) _____ (Cell) _____
E- mail: _____ Marital Status: _____
Occupation: _____ Current Employer: _____
Business/ Work Address: _____
E- mail: _____

**OTHER INFORMATION**:

| |
|---|
| Is your child on medication? If so please specify: |
| Medical problems/ special needs/ allergies: |
| Family Doctor: Tel: |
| Full names of person responsible for fees:<br><br>_____ ID No/Passport No: _____<br><br>Tel: (H): _____ (W): _____ (Cell): _____<br><br>Email Address: _____<br><br>Postal Address: _____<br>_____ |
| **Name of person who picks and drops the child everyday (If a different person is picking your child, please notify the school in time for security reasons)** |

**Please read the following and sign your consent below:**
I fully understand that school fees are payable as prescribed by the Governing Body. I am aware that- **ALL PAYMENTS SHOULD BE DONE IN ADVANCE BY THE 3RD OF EACH MONTH.** I accept that all reasonable precautions will be taken to ensure the safety of my child and I shall be held responsible for the payment of medical and / hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to the negligence on the part of teachers responsible or the school.

**NB: PLEASE NOTE:**

**Accumulation of fees of 2 months or more, if not settled on the agreed date, the School reserves the right to engage the services of a Debt Collector to recover the fees.**

_____ _____
Signature Date