



STUDENT INFORMATION

Name: _____
Surname First Name Middle Name

Date of Birth: _____ Town & Country of Birth: _____ M F

Citizen: Yes No If not, Country of Citizenship Residence Permit No: _____

Home Language of Student: _____ English Proficiency: Excellent Good Beginner

Name of previous school attended: _____

Current Standard/Form: _____ Standard/Form Applying to go Into: _____

Proposed starting date: _____ Day Scholar/Boarder: _____

Physical Address of Home: _____

Transport by School Bus Requested: Yes No

FAMILY RECORD

Full Name of Father or Legal Guardian: _____ Omang/Passport: _____

Postal Address: _____

Email Address: _____ Fax: _____

Occupation: _____ Employer: _____

Father's Telephone: _____
Cell Work Home

Full Name of Mother or Legal Guardian: _____ Omang/Passport: _____

Postal Address: _____

Email Address: _____ Fax: _____

Occupation: _____ Employer: _____

Mother's Telephone: _____
Cell Work Home

Marital Status: Married: ____ Divorced: ____ Separated: ____ Widowed: ____ Single: ____

If you are the legal guardian state your relationship with the student: e.g. grandparent, mother, uncle, foster parent, etc.

Number of children in the family: _____ Child's position in family: _____
(1st, 2nd, 3rd, etc.)

Fees to be paid by: (Parent, Company, Guardian): _____
Name of Payer

RELIGION

Religious Affiliation: _____ Church now Attending: _____

MEDICAL INFORMATION

Check the box next to the illnesses the student has had:

Measles Mumps German Measles Chicken Pox Whooping Cough

Other Medical Information: Allergies, Operations, Asthma, Epilepsy, Diabetes, Tonsils, etc

Is your child on medication: Yes No If yes, please give details: _____

Does the student wear glasses? Yes No Reading only All the Time:

Does the student have hearing difficulties? Yes No

Name of Family Doctor: _____ Phone No.: _____

Medical Aid Name: _____ Policy Number: _____

Principal Member: _____

I hereby declare that the information given in this application is correct and true. I hereby make application for my child to be admitted as a student at Okavango International School, subject to the rules and regulations of the school laid out in the School Prospectus and introduced periodically as and when necessary.

Signature of Parent/Guardian

Date

Any special information you feel the school should need to know about the child.



INDEMNITY FORM

I, _____ being the legal parent/guardian of

by signing below, I certify that I have read this document and fully understand its contents and the types of risks my child may face in the course of being a student of the school including travelling on school transport, being on the sports grounds and in the swimming pool and in any school related activity.

I agree on behalf of my child to fully indemnify, hold harmless and release the Okavango International School, its owners, teachers, employees, associates, suppliers and helpers, for any accident, claims, losses, damages or liabilities including death, disability, injury or loss or damage suffered by my child which may occur during my child's attendance at Okavango International School.

I agree that this release shall be binding upon me personally and upon my child.

Date: _____

Signed Parent/Guardian

Witness

***This document is to be returned to school and retained in the student's file.**



Photography Release for Minor Child or Children

I hereby authorize Okavango International School, to publish photographs taken of the minor child or children listed below, and their names and likenesses, for use in Okavango International School’s print, online and video-based marketing materials, as well as other Organisational publications.

I hereby release and hold harmless Okavango International School from any reasonable expectation of privacy or confidentiality for myself and for the minor child or children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Okavango International School to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child or children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Organisational publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Okavango International School, its contractors, its employees and any third parties involved in the creation or publication of Organisational publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____

Relationship to Children: _____



Please include the following with this application:

1. School Indemnity Form and Photo Release Form (attached)
2. A copy of the student's birth certificate
3. A copy of the student's immunization card
4. A copy of the student's residence permit (non-citizens only)
5. The latest school report
6. A letter of release from the last school (if applicable)
7. A character reference from the last school
8. Passport size photo of Student
9. A copy of the parents'/guardian's omang cards/passport front pages