



# Constantia Private School

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## STUDENT APPLICATION

### STUDENT INFORMATION

Name/Surname:		
Date of birth:	Gender:	Nationality:
Phone:	E-mail:	Religion:
Residential address:		
Town:	Country:	ZIP Code:
Previous school:	Highest qualification completed:	
<b>Application for:</b> (mark appropriate box)	*Normal school: <input type="checkbox"/> *Attend school	*Online only: <input type="checkbox"/> *Work from home
Elementary Division	Junior Division	Senior Division
Year 1/Grade 0 <input type="checkbox"/>	Year 5/Grade 4 <input type="checkbox"/>	Year 9/Grade 8 <input type="checkbox"/>
Year 2/Grade 1 <input type="checkbox"/>	Year 6/Grade 5 <input type="checkbox"/>	*Online High School Diploma <input type="checkbox"/>
Year 3/Grade 2 <input type="checkbox"/>	Year 7/Grade 6 <input type="checkbox"/>	*Course covers Year 10 – Year 13
Year 4/Grade 3 <input type="checkbox"/>	Year 8/Grade 7 <input type="checkbox"/>	*Adult High School <input type="checkbox"/> *only online

### PARENTS INFORMATION

Name/Surname of Father:		
Phone:	E-mail:	ID/Passport No.:
Residential address:		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
Town:	Country:	ZIP Code:
Name/Surname of Mother:		
Phone:	E-mail:	ID/Passport No.:
Residential address: (if not the same as father)		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
Town:	Country:	ZIP Code:
Marital status:	Home language:	Religion:

<b>GUARDIAN INFORMATION</b>		
Name/Surname of Guardian:		
Phone:	E-mail:	ID/Passport No.:
Residential address:		
Town:	Country:	ZIP Code:
<b>MEDICAL INFORMATION</b>		
Name of doctor:		
Address:	Phone:	E-mail:
Name of dentist:		
Address:	Phone:	E-mail:
Name of Medical Aid:		Medical Aid No.:
Main member:		
Does the student have any physical disability?		Does the student have any mental disability?
If "Yes" to the above, give details:		
Does the student have any psychological disability?		Does the student take any chronic medication?
If "Yes" to the above, give details:		
Has the student been fully inoculated:		Does the student have any allergies?
If "No" to the above, give details:		If "Yes" to the above, give details:
<b>SECURITY INFORMATION</b>		
Who may fetch the student? (Give full details of how the student is getting to and from school)		
<b>FINANCIAL INFORMATION</b>		
Who is responsible for the account? (Complete details only if not parents/guardian)		
Phone:	E-mail:	Fax:
Town:	Country:	ZIP Code:
How will the account be paid?    Per Annum: <input type="checkbox"/> Per Trimester: <input type="checkbox"/> In Installments: <input type="checkbox"/>		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my application. I am fully aware of all the stipulations in the agreement with the school and will abide by them without reservation.		
Signature of applicant:		Date:
Name/Surname of applicant:		Relationship: