



# **Fowler House Private School**

## **Application Form**



### **Child's Details:**

<b>Students Surname</b>		
<b>Students Names</b>		
<b>Known as</b>		
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Date of Birth</b>	DD / MM / YYYY	
<b>Siblings</b>	Age/s:	
<b>Home Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> German <input type="checkbox"/> Other _____	
<b>Religion</b>		
<b>Present School</b>		
<b>Phase:</b>	<input type="checkbox"/> 2 to 4 years <input type="checkbox"/> 4 to 6 years <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6
<b>School Day Option:</b>	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	

### **General Information of the Child**

Family history, known allergies, previous illnesses, physical or learning difficulties, past or present medical treatments including therapy (occupational or psychological), should be written below and any documentation attached hereto.

Please note that any omission may result in the immediate cancellation of the application.


## **Parent /Guardian 1 Details**

<b>Title</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Relation to child</b>	
<b>ID Number</b>	
<b>Mobile Number</b>	
<b>Home Number</b>	
<b>Home Address</b>	
<b>Occupation</b>	
<b>Employer</b>	
<b>Work Number</b>	
<b>Email Address</b>	

## **Parent /Guardian 2 Details**

<b>Title</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Relation to child</b>	
<b>ID Number</b>	
<b>Mobile Number</b>	
<b>Home Number</b>	
<b>Home Address</b>	
<b>Occupation</b>	
<b>Employer</b>	
<b>Work Number</b>	
<b>Email Address</b>	

## **Emergency Contacts**

<b>Name &amp; Surname</b>	
<b>Mobile Number</b>	
<b>Relationship to Child</b>	

<b>Name &amp; Surname</b>	
<b>Mobile Number</b>	
<b>Relationship to Child</b>	

## **Medical Details**

<b>Doctor/ Paediatrician</b>	
<b>Telephone Number</b>	
<b>Medical Aid</b>	
<b>Medical Aid Number</b>	

## **Person Responsible for Payments**

<b>Name</b>	
<b>Surname</b>	
<b>Mobile Number</b>	
<b>Relationship to Child</b>	

# **Terms and Conditions**

1. We reserve the right of admission and the right to request a parent to remove a child from Fowler House should we consider this to be in the interest of the child.
2. Fowler House is a non-denominational English Medium School.
3. School Fees are payable on or before the 25th of the Month.  
Fees paid after the 5th will be subject to a late fee penalty of 5%.  
Should fees be outstanding for 2 or more months the child may be suspended from school and the account will be handed over to our attorney for collection.  
Refunds are not made for cancellation of application, absence due to illness or holiday.
4. Fees are calculated on an annual basis and charged monthly over a period of 12 months (January - December)
5. Two months notice, in writing is required before removing your child from our school, or payment in lieu thereof will be required.

We, the undersigned, acknowledge that we have read and understood the Terms and Conditions of Fowler House and that our signature hereto consider ourselves bound by such rules and House

I/We confirm that the information provided is true and correct to the best of my/our knowledge.

<b>Signed</b>	
<b>Date</b>	

*Parent 1/ Guardian*

<b>Signed</b>	
<b>Date</b>	

*Parent 2 / Guardian*

## **Please Attach/Email the following documents with your application**

- |   |   |
|---|---|
| <input type="checkbox"/> Full Birth Certificate           | <input type="checkbox"/> Proof of Residence               |
| <input type="checkbox"/> Passport size Photo of the Child | <input type="checkbox"/> Parents / Guardians ID's         |
| <input type="checkbox"/> Latest School Report             | <input type="checkbox"/> Tax Certificate (Namibian)       |
| <input type="checkbox"/> Latest Therapist Report          | <input type="checkbox"/> Resident Permit (Non - Namibian) |