



CONTACT: Tel. +264 (62) 500540 Fax. +264 (62) 500541
Email: secretary@bergopakademie.com
Website: www.bergopakademie.com

PHYSICAL / POSTAL: Angelier Street 348, PO Box 518, Okahandja, Namibia

Learner Application & Parent Contractual Agreement

Revenue Stamp

Thank you for choosing the Berg-Op Academy Family!

Please complete this application fully, initial every page and return to our secretary: secretary@bergopakademie.com.

This application must be accompanied by a non-refundable Application fee of N\$ 1000.00 or an EFT proof of payment.

Year applied for:

Grade:

Family code:
(Existing parents only)

Choose Education Package: ✓

Full School:
(Face-to-face school)

iSchool Premium:
(Online school)

iSchool Standard:
(Online school)

Section 1: Learner details

Surname:

Name/s as on birth certificate/ID:

Preferred name:

ID/Passport number:

Date of birth: Current age: Gender: Male Female

Home language: Other language/s:

Number of children in family: Position of child in family: Resides with: Parents Guardian

Citizenship: Country of origin: Study permit no.:

Learner cell number: Learner email address:

Church relation: Town learner resides in: Closest town if learner resides on a farm:

Siblings at Berg-Op Academy:

Name: Grade: Name: Grade:

Siblings at other schools:

Name:	<input type="text"/>	Name:	<input type="text"/>
School:	<input type="text"/>	School:	<input type="text"/>
Grade:	<input type="text"/>	Grade:	<input type="text"/>

Person dropping learner at school (pre-primary to Grade 7): Person collecting learner from school (pre-primary to Grade 7):

Name	<input type="text"/>	Name	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

** Not applicable for iSchool learners*

** Not applicable for iSchool learners*

Section 2: Subject choices (Grades 8 - 12)

For subject choices, please refer to FRM 04 Subject Choices.

Section 3: Learner's education details *(Only applicable for first time registration)*

Current school: Address: Tel. no.: Principal:	Previous school: Address: Tel. no.: Principal:
--	---

Last grade passed: Year: Grade/s repeated:

Has admission to any other school/s ever been refused? Yes No

If yes, please state the reason below:

Academic achievements:	Extramural achievements:	Other achievements:

Section 4: Student's medical details *(Only for Full School & iSchool Premium learners)*

Blood type: O+ O- A+ A- AB+ AB- B+ B- Unknown

Family doctor

Name: Tel. no.:

Address:

Medical aid

Name: Member no:

Main member initials and surname:

Main member ID number:

Option:

Has the learner received all the necessary immunizations? Yes No

If no, please state the reason below:

Has the learner suffered from any of the following illnesses? Please indicate with an X.

- | | | | |
|------------|----------------|-----------------|-----------------|
| Asthma | Enteric fever | Measles | Scarlet fever |
| Chickenpox | German measles | Mumps | Tick bite fever |
| Diabetes | Hepatitis | Polio | Typhoid fever |
| Diphtheria | Malaria | Rheumatic fever | Whooping cough |

Section 4: Learner's medical details - continued

Does the learner suffer from any allergies?

Yes

No

If yes, please provide details below:

Does the learner have any special medical needs?

Yes

No

If yes, please provide details below:

Does/has the learner suffered from any other illnesses/disabilities?

Yes

No

If yes, please provide details below:

Is the learner receiving medical treatment for any condition?

Yes

No

If yes, please provide details below:

Is/has the learner suffered from or received treatment for any psychological/emotional upset?

Yes

No

If yes, please provide details below:

Has the learner had any operations?

Yes

No

If yes, please provide details below:

Please specify any other relevant medical details:

Section 5: Learner's medical details - Consent *(Only for Full School & iSchool Premium learners)*

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available.

I, _____, being the parent/legal guardian of _____, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature:

Date:

Section 6: Emergency contact details - **Not parental** *(Only for Full School & iSchool Premium learners)*

Full names and surname:

Relationship:

Tel. H:

Tel. W:

Cell:

Email address:

Section 7: Personal details of father, stepfather, or legal guardian

Surname:	<input type="text"/>											
Full names as on ID:	<input type="text"/>											
ID number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation:	<input type="text"/>				Church relation:	<input type="text"/>						
Relationship:	<input type="text"/>				Marital status:	<input type="text"/>						
Occupation:	<input type="text"/>				Employer:	<input type="text"/>						
Residential address:				Work address:				Postal address:				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
Tel. H:	<input type="text"/>			Tel. W:	<input type="text"/>			Cell:	<input type="text"/>			
Email address:	<input type="text"/>											

Section 8: Personal details of mother, stepmother, or legal guardian

Surname:	<input type="text"/>											
Full names as on ID:	<input type="text"/>											
ID number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation:	<input type="text"/>				Church relation:	<input type="text"/>						
Relationship:	<input type="text"/>				Marital status:	<input type="text"/>						
Occupation:	<input type="text"/>				Employer:	<input type="text"/>						
Residential address:				Work address:				Postal address:				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
<input type="text"/>				<input type="text"/>				<input type="text"/>				
Tel. H:	<input type="text"/>			Tel. W:	<input type="text"/>			Cell:	<input type="text"/>			
Email address:	<input type="text"/>											

Section 9: Details of person responsible for account (Account holder)

Surname:	<input type="text"/>											
Full names as on ID:	<input type="text"/>											
ID number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: Details of person responsible for account (Account holder) - Continued

Designation:	<input type="text"/>	Church relation:	<input type="text"/>
Relationship:	<input type="text"/>	Marital status:	<input type="text"/>
Occupation:	<input type="text"/>	Employer:	<input type="text"/>

Residential address:	Work address:	Postal address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. H:	<input type="text"/>	Tel. W:	<input type="text"/>	Cell:	<input type="text"/>
---------	----------------------	---------	----------------------	-------	----------------------

Email address:

Details of children for who you currently pay for at Berg-Op academy: (**F**=Full School, **P**=iSchool Premium, **St**=iSchool Standard)

1. Name, Grade:	<input type="text"/>	F/P/St:	<input type="text"/>	2. Name, Grade:	<input type="text"/>	F/P/St:	<input type="text"/>
3. Name, Grade:	<input type="text"/>	F/P/St:	<input type="text"/>	4. Name, Grade:	<input type="text"/>	F/P/St:	<input type="text"/>

Payment method:	<input type="button" value="Monthly debit order"/>	<input type="button" value="Monthly EFT"/>	<input type="button" value="Monthly Cash*"/>	*A 2% Cash handling fee will be applicable.
-----------------	--	--	--	---

Payment plan:	<input type="button" value="Once-off full year"/>	<input type="button" value="12 Month (Gr. 0-10)"/>	<input type="button" value="11 Month (Gr. 0-10)"/>	<input type="button" value="10 Month (Gr. 11 & 12)"/>
---------------	---	--	--	---

Credit / account references:

Current School:*	<input type="text"/>	Previous School:*	<input type="text"/>
Account no.:	<input type="text"/>	Account no.:	<input type="text"/>
Contact no.:	<input type="text"/>	Contact no.:	<input type="text"/>

* If there is no current or previous school that can be contacted for reference, please provide details of companies where you have accounts. Please refer to forms **FRM05 School Fees** and **FRM 05-1 iSchool Fees** for the applicable school fees.

Section 10: Conditions of entry

1. A recommendation from the previous school will be requested. The New Learner Reference Form (FRM 03) must be handed to the principal/head of your child's current school. The completed form is sent directly to Berg-Op Academy via e-mail to the principal at principal@bergopakademie.com. This information remains confidential.
2. The school's physical environment, facilities and resources limit its ability to provide high quality education to children with special educational needs, whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural or emotional barriers or any other medically assessed special need. The parent or guardian is required to inform the school in writing, prior to the enrolment, of any special educational needs of the applicant known to them.
3. Should the child be enrolled at the discretion of the school, the parent undertakes to work closely and co-operatively with the school to provide any and all support required. Should the school, in its sole discretion, not be able to continue to support the special educational needs of the child, it will have the power to cancel this contract of enrolment with due notice.
4. No learner will be admitted to the school or iSchool until the registration fee has been paid in full and this Parent Contractual Agreement (FRM 02) has been signed.
5. By signing this application the parent or guardian gives consent for a credit check to be carried out.
6. This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority.
7. The medium of instruction for pre-primary and grade one to grade three is Afrikaans. As from grade four the medium of instruction is English.
8. Acceptance for enrolment will be determined after completion of a school readiness test for grade one or an admission test for other grades.
9. The applicant and his/her parents may be interviewed as part of the admission process.
10. By signing this application I/we accept that Berg-Op Academy is a school based on Biblical and Christian values and that Biblical teaching and activities will be part of being a learner at this school.

For office use - Family code:

Contractual agreement between Berg-Op Academy (hereinafter referred to as the school) and the parent/guardian (hereinafter referred to as the parent) indicated below. All references to the singular in this document shall also indicate the plural.

I, _____ ID number: _____ the undersigned parent/guardian of:

Name: Surname: Grade:

(hereinafter referred to as the child) agree to the following:

1. I accept that Berg-Op Academy is a school based on Biblical and Christian values and that Biblical teaching and activities will be part of being a learner at this school.
2. I understand and accept that:
 - 2.1 Acceptance of a place at the school is made in the clear knowledge and understanding of the vision and mission statements of the school. I, as parent/guardian, commit myself to the **full participation** in the total curriculum (academic and non-academic activities) of the school and that it is conditional to the child's registration at the school.
 - 2.2 As stipulated by the Government Circular Form ED: 7/2020, parents who enroll a learner in online learning are responsible to ensure that learner engage with their academics, stay on track and not fall behind, while the school stays accountable for providing high quality education.
3. That I, the parent/guardian, will support and abide by the established school policies and Code of Conduct (written and "de facto"), as are current at any given time, and that I will ensure that my child shall abide by these.
4. That I, the person (Account holder) as indicated in **Section 9** (nine) of this application, accept the financial responsibility for all school fees and charges on behalf of the child as laid down by the school and as stipulated below:
 - 4.1 For Full School (face-to-face): School fees are **paid in advance**. Payments received **in advance** and **no later** than the **last Calendar day** of every month will be charged at the **Early Bird rate**, whereas payments received by the **7th (seventh)** of the **following month**, will be charged at the **Normal rate**. (Please refer to form **FRM 05 School Fees** for the applicable school fees.)
 - 4.1 For iSchool Premium / Standard: School fees are **paid in advance**. Payments should be received **in advance** and **no later** than the **last Calendar day** of every month. (Please refer to form **FRM 05-1 iSchool Fees** for the applicable iSchool fees.)
5. That I, the person (Account holder) as indicated in **Section 9** (nine) of this application understand and agree to the following procedures that will be followed by the school in the case of late or non-payment of school fees or account/s:

For Full School (face-to-face) accounts:

 - 5.1 In the event of a non-payment of my account by the 14th of the month that is due, the school will notify me via a call or e-mail which will serve as a **first notification**.
 - 5.2 In the event of a non-payment of my account by the 21st of the same month, my child will receive a written notification by hand from the school as a **final notification** to settle any outstanding account/s.
 - 5.3 Failure to settle my account/s by the end of the month will result in my child being required to hand in all text-books on the first school day of the following month. Additionally, I understand that my child will not be allowed to return to school until my outstanding account/s is paid in full.
 - 5.4 In special circumstances, should I experience difficulty to pay my account/s, a **Payment Plan form FRM 08 (form available from school)**, must be submitted to the School Financial Administrator before the 7th of the month. Approval of such a plan is at the sole discretion of the schoolboard. Should I fail to honour the proposed payment plan, I understand that my child will be required to hand in all text-books and not be allowed to return to school until my outstanding account/s is paid in full.

For iSchool Premium / Standard accounts:

 - 5.5 In the event of a non-payment of my account by **the end of the month** that is due, the school will **without notice**, suspend all online education until my account is paid in full.
6. That I, the person (Account holder) as indicated in **Section 9** (nine) of this application agree that if necessary, the school board will in its sole discretion, take legal action against me to retrieve any outstanding school fees or account/s and that I will be liable for all legal costs.

7. That payment via a debit order or EFT is preferable and a 2 (two) % cash handling fee will be charged for cash payments.
8. That all fees in January will be payable at the start of new school year and any queries regarding accounts must be made to the Financial Administrator within 30 (thirty) days after date of statement.
9. To pay an annual registration fee per child upon registration of the child. This fee includes the costs for a revenue stamp and is non-refundable.
10. That I shall give one month's written notice **before withdrawing** my child from the school or for any change I want to make in my **education package** (changes between Full School and iSchool). Such notice must be given before the 1st (first) of the month. I further accept liability for one month's school fees in lieu of such notice and no refunds will be given to me on school fees paid upfront if I fail to give one month's notice.
11. To inform the School's Secretary in writing of any changes in my e-mail address, telephone number or other contact details as soon as possible thereafter.
12. The Principal or an appointed representative will be authorized to act at the school on the parent's behalf (in loco parentis) in all matters affecting the child while he/she is at school or on official school outings on or of the school or sports grounds.
13. That the Principal or an appointed representative will be authorized to give his consent at the school on the parent's behalf where an emergency operation or other medical treatment is required and my, the parent's consent, cannot be obtained without causing undue delay.
14. That I, the parent or guardian, hereby indemnifies and holds harmless the school, all employees of the school and/or any parent acting as a school official in any school activity; against all and any claims from any injury (light, serious, fatal) to the child arising from any accident and/or activity partaken in by the child during the following:
 - 14.1 Transport by bus, mini-bus or private vehicles
 - 14.2 All informal activities during or after school
 - 14.3 All formal sport and cultural activities
15. That I undertake to settle accounts or costs incurred in the event of my child having to receive medical treatment at a hospital, doctor's surgery or other institution and to settle the account with the doctor/hospital/other institution directly as well as any costs that the school might spend/incur in this regard.
16. That my child shall abide by all the school rules and regulations (disciplinary code) as laid down from time to time and that I will give my support to the school in this regard.
17. That the Principal may summarily suspend the child from the school pending an investigation into gross misconduct by the child.
18. That during a disciplinary hearing, the following persons may be present: Principal, Teacher, LRC Member, Accused, Learner Representative and Parent. Lawyers may not get involved in the disciplinary processes of the school.
19. I undertake to take matters relating to educational issues directly to the teacher concerned. I further accept that the official channels for voicing concerns, by appointment, are in the following order: The Teacher, Section Head, Principal and School Board.
20. For Full School and iSchool Premium parents/guardians. Parental/Guardian involvement in school activities, events and education:
 - 20.1 I undertake to continue to support my child throughout his/her educational career at the school and understand that this includes the attendance of parent-teacher's meetings and the supervision and support of my child completing homework tasks.
 - 20.2 I will commit myself to be involved in school activities as indicated by me in the Activities Table in Section 12 in this agreement. Additionally, I commit to provide my assistance and co-operation in any sport, culture, fund raising or other activity/event from the school, where I have been appointed to assist by a representative from the school.

Section 11: Agreement between Berg-Op Academy and parent or guardian - continued

- 20.3 Should I be unable to assist with a particular activity/event/task, I undertake to notify the school representative and to: A) exchange duties with another person, B) organise a substitute person to take over my responsibilities, or C) assist in any other manner as agreed with the school representative.
- 20.4 Should I be unable/unavailable to assist with all school activities/events/tasks throughout the school year, I agree to pay an amount of N\$1500.00 to the school in order for the school to pay for any required labour, goods etc. to fulfill its obligations.

21. For iSchool Premium and iSchool Standard parents/guardians:

- 21.1 I understand that online learning will require an active involvement and commitment of myself in my child's education and that I would need to fulfill certain tasks from time to time that would normally be done by a teacher.
- 21.2 I will provide the minimum required IT resources (Internet connection, PC, tablet, printer etc.) as recommended by Berg-Op Academy (Refer to FRM 10 iSchool Recommended IT Resources) to my child and understand that failure to do so will negatively impact my child's education and that I cannot hold Berg-Op Academy responsible.
- 21.3 I understand that online learning will have certain challenges unique to it and that I cannot hold Berg-Op Academy liable if my child performs poorly due to circumstances beyond the schools' control and best efforts.
- 21.4 All educational material (video & audio lessons, work sheets, presentations, documents, quizzes & tests etc.) provided online by Berg-Op iSchool are the intellectual property of Berg-Op Academy and are copyrighted. I agree that I will not share any educational material belonging to Berg-Op Academy to any 3rd party and failure to do so will lead to legal prosecution.
- 21.5 I understand that my child will be tested from time to time in a manner determined by the teacher and the test will have to be supervised by me as parent or guardian. I hereby declare that I will not provide any assistance to my child during the test or to manipulate the test in any way to affect the outcome.
- 21.6 I understand that for exams and certain important tests, I will have to take my child to a designated place (exam centre) or person (exam supervisor) as appointed by Berg-Op Academy and that there might be costs (travel, accommodation etc.) involved. Any such costs will be my sole responsibility.
- 21.7 I understand that any school books required by the curriculum are not included in the costs of iSchool education packages and that I will need to purchase these separately through Berg-Op Academy or another source.

22. I hereby agree to abide by this agreement and to pay all legal costs on an attorney-client scale resulting from disputes which may arise from this agreement.

Section 12: Activities table (Only for Full School & iSchool Premium learners)

Below are the areas in the school where you as a parent can become involved in. Choose something that will fit your schedule, you have the talent and experience for and are passionate about. Remember, this school belongs to you and every other parent. Therefore we ask you to take ownership for the school and provide your assistance to the benefit of all children attending Berg-Op academy. Please refer to form **FRM 06 Parents Activities** for a list of ideas of how you can be of assistance and complete the table below:

Area of assistance:	I commit to assist with:
1. Academic & curriculum	
2. Sport	
3. Culture	
4. Social events	
5. Marketing & public relations	
6. Fund raising	
7. Infrastructure & resource maintenance	
8. Payment of N\$1500 per family, if unable to assist	When this option is chosen, I agree that this amount will be put on my school account and that it will be paid by the end of April if not paid during registration in January.

Section 13: Signature of parent, legal guardian and account holder

We, the undersigned, _____, hereby certify that the information provided in this Learner Application & Parental Contractual Agreement is complete and accurate and that we have read and understood the content thereof.

We further agree to submit to the authority of the school board, the school-specific policies and the school rules and that we accept placement for our child at the school in accordance with the terms and conditions set therein and in this Learner Application & Parental Contractual Agreement.

NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.

	Signatures:	Signed at (place):	Date:	School stamp
Father/stepfather/ legal guardian:				
Mother/stepmother/ legal guardian:				
Account holder:				
Representative of Berg-Op academy:				

Section 14: Check list for supporting documents, completed sections and forms

Important note: This application will only be processed if all fields are completed legibly, are signed, and all necessary supporting documents are attached.

	Parent:	Office:	ONE RECENT COLOUR PHOTO OF CHILD (ID SIZE)
1. All pages initialled and sections signed			
2. Certified copy of birth certificate / passport of your child			
3. Certified copies of both parents' identity / passport documents			
4. Certified copy of account holder's (if not parent) identity / passport document			
5. Proof of residence / work address of account holder			
6. Certified copies of your child's most recent school report (<i>1st time registration only</i>)			
7. For pre-primary a certified copy of a school readiness evaluation			
8. For Grades 8-12: Completed Addendum A - Subject choices			
9. One recent colour ID photo of your child			
10. Copy of recent therapy report of your child's development, where applicable			
11. Copy of study permit and passport if not a Namibian resident			
12. Registration fee paid / proof of payment attached			

Section 15: For office use

Interview date:		Approved:	YES/NO	Family code:	
Notes:		Date approved:		Data captured:	YES/NO
		Approved by:		Credit check done:	YES/NO
		Group/Grade:		Processed by:	
				Google Account Created:	YES/NO