



86 Hage Geingob Str.,
P.O.Box 487 Walvis Bay
T: +264 64 20 4789/3995
Email: principal@iswb.na/accounts@iswb.na
www.iswb.edu.na

Co Ref: 21/99/271 CIE Centre NA030

Application and Evaluation

Student Name: _____

Date of Birth:

Y

M

D

Age: _____

Previous School: _____

Year of enrolment: **2024**

Current grade: _____

Parent Name: _____

Contact Telephone: _____

Date of Application: _____

Application form: (Completed and Signed)

Please submit the following documentation with your application form:

Passport photo of child:

Birth Certificate/Passport Copy:

Proof of residence:

Parent id copies:

Copy of Visa/Work/Study Permit :(Non-Namibian)

Medical Certificate/Medical Aid No:

Vaccination Record:

Report & Statement from Current School:

Office use:

Proposed Date of Evaluation: _____

School Year Recommendation: _____

Evaluation Coordinator Signature: _____

Vice Principal Signature: _____

Principal Signature

Finance Office Signature

Account Number:



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1. Personal Details of the student:

Surname:							
First Names:				Preferred Name:			
Date of Birth:	y	m	d	ID (if available):			
Male:		Female:					
Place of Birth:				Citizenship:			
Foreign Student		Yes or No		Study Permit Nr:			
Student's Cell No:							
Present School:							
Previous school attended (where applicable):							
Name:				Tel:			Grade:
Grades repeated (if any):							
Brothers and Sisters in ISWB:							
Name:				Grade:			
Name:				Grade:			

2. Personal Details of the parents:

Father / Guardian				Mother / Guardian			
Title:		Initials:		Title:		Initials:	
Surname:				Surname:			
First Names:				First Names:			
ID Nr.				ID Nr.			
Contact numbers				Contact numbers			
Tel (H):				Tel (H):			
Cell Nr.				Cell Nr.			
Postal Address:				Postal Address:			
Residential address:				Residential address:			
Employment				Employment			
Profession:				Profession:			
Employer:				Employer:			
Position:				Position:			
Tel (W):				Tel (W):			
E-mail:				E-mail:			

3. Person responsible for the account:

Name:			
Email address for invoicing:			
Tel:			
I hereby acknowledge that I am responsible for paying the account and can be held liable for any outstanding fees			
Signature: _____		Date: _____	

4. Medical Information:

Known allergies:			
Person to contact in event of illness:			
Contact details of the above:			
Other family/friends not from same household:			
Name:		Relation:	
Address:		Tel.Nr.	
4.1 Medical Aid Information:			
Medical Aid:		Membership Number:	
Name of Main Member:			
Name of your medical doctor or practice:			
Tel. Number of your medical doctor:			
4.2 Other Medical Information: Kindly inform us if your child has a particular medical condition that you think the school should be aware of or if your child uses any chronic medication:			

5. Sport / Cultural achievements or activities:

Kindly name achievements in sports; culture and/or preferences:

General information:

1. This application does not guarantee placement at ISWB, nor does the date of application indicate any specific order of priority.
2. Acceptance for enrolment will be determined after successful completion of an admission test.
3. Collateral information will be obtained from previous schools in order to determine the student's general behaviour and academic achievements.
4. The applicant and his/her parents may be interviewed.
5. Proficiency in English is paramount.

School Fees:

1. Parents who choose to pay school fees and textbooks in cash will be responsible to settle the Cash Handling Fee raised by the Bank.
2. Fees will be charged for each unpaid debit order.
3. An interest fee will be charged on school fees in arrears.
4. A notice period of 3 months is required.
5. School fees are due monthly in advance, no later than on the 7th calendar day of each month.

Declaration by parent or guardian:**To be signed by both parents or guardians.**

I have read and understood the content of this application form and all information supplied by me is correct. I have omitted no relevant information. I further undertake to submit myself and my child to the rules and regulations as set by the school code of conduct.

Father/Guardian:	Name: _____	Signature: _____
		Date: _____
Mother/Guardian:	Name: _____	Signature: _____
		Date: _____



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INDEMNITY

We/I, the undersigned, father/mother/guardian of

.....

Student's name

.....

D.O.B

I hereby indemnify and hold harmless **THE INTERNATIONAL SCHOOL OF WALVIS BAY**, it's **TEACHERS, EMPLOYEES and/or AGENTS (the school)** and hold it harmless against all loss or damage of whatever nature, from cause arising, which we/I and/or my/our child/children may sustain whilst participating in any excursion or sports event, whether or not such injury, loss or damage arises from any defective equipment, act of God, act or omission of or by the school, it's **TEACHERS, EMPLOYEES or AGENTS**, except in the case of negligence and or intentional harmful action.

Waive any claims or whatever nature which we/ I may have against the school set out above.

Full Names Capacity:..... Signature

Full Names Capacity:..... Signature

Place Date



UNIVERSITY of CAMBRIDGE
International Examinations

CAMBRIDGE INTERNATIONAL CENTRE

CIE Centre NA030

Co Ref: 21/99/271

1. DEBIT ORDER BANK DETAILS

PLEASE USE BANK DETAILS BELOW:

Acc number:

Name of acc holder:

[illegible]

Bank:

[illegible]**Account No.:**[illegible]

Account Type:

□ □ □

N\$

--	--	--	--	--

Cheque Savings Other

Branch Name:

[illegible]

Branch Code:

--	--	--	--	--	--	--

Date on which you want the school fees to be debited:

--	--	--	--	--	--	--	--

- * I/We hereby request, instruct and authorize The International School of Walvis Bay or its assignees to draw against my/our account with the bank noted above (or any branch which I/we may transfer my/our account).
- * I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by us/me personally.
- * I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- * I/We acknowledge that I/we may cancel this authority by giving the Administrator at least 10 working days prior to the date of the debit order.
- * I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- * In order to activate the debit order, the Administrator must receive the application form at least 10 days prior to the first debit order date.

- The debit order will only be *actioned* on the signing of this Authority.

Signature: _____

Date: _____



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Dear parents and guardians

At The International School of Walvis Bay, we take pride in the achievements of our students as well as events in which they may participate.

As your child will possibly appear in footage of educational videos made by teachers of the school, pictures are sent to newspapers for excellent achievements and contributed on the school bulletin, as well as on Facebook, we would appreciate you completing the slip below.

CONSENT BY PARENT/GUARDIAN

I (insert full names of parent/guardian) hereby
consent / do not consent to images and pictures of my child to be used by
The International School of Walvis Bay for publications, be it videos on social media platforms or
images in newspapers regarding any school activity.

Name of student: _____

Signature of parent/guardian: _____

Date: _____



UNIVERSITY of CAMBRIDGE
International Examinations

CAMBRIDGE INTERNATIONAL CENTRE

ISWB School Fee Structure and Payment Policy
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The International School of Walvis Bay is a non-profit facilitator school that depends solely on the financial commitment from parents.

Very important : Please send a signed copy of this document to the school.

1. Registration Fee: N\$350.00

Once the form is completed, it must be submitted to the Principal for evaluation and acceptance., thereafter parents will be notified and requested to immediately pay the Registration & Administration fee as stated above

<u>2. Annual Administration Fee :</u>	1st child	N\$ 2000.00
	2nd child	N\$ 1800.00
	thereafter	N\$ 1000.00

3. Re- Enrolment Fee: N\$350.00

(The Administration and re-enrolment fee is paid annually in June for the following year
Please note these fees are non-refundable)

4. Key Stage 1 Stationery Fee:

Year 0 to Year 3 - Stationery fee to be paid at Waltons

5. Book Rental Fee for 2024

An invoice will be raised at the end of October for the following year.

Key Stage 2 Year 4 to Year 6	N\$1400.00
Key Stage 3 Year 7 to Year 8	N\$1850.00
IGCSE	N\$2450.00
As Levels	N\$2750.00
A Levels	N\$2750.00

6. Cambridge Exam Fees :

We encourage parents to budget for exam fees @ approx. N\$3000.00 per IGCSE subject and for AS Level @ N\$ 3500.00 (more or less) per subject

Exams will take place as follows :

For the May/June exams the fees are due at the start of that year

For the October/November exams the fees are due at the beginning of August

Money for exams can be paid in advance into the following account:

BANK WINDHOEK

ACCOUNT NUMBER: 2000407097

BRANCH CODE: 481-872

7. Interest on overdue accounts will be charged at current Bank prime rate.

8. Only parents who pay the yearly school fees before the 31st of January qualify for the 5% discount.

9. The monthly rebate on school fees of N\$150.00 for 2nd child, N\$300.00 for 3rd child and N\$450.00 for 4th child will be paid in a once-off cumulative sum at the end of November every year, by issuing a credit note on your account.
Condition for qualification: All accounts fully paid each month at the beginning of the month for twelve months.

10. VERY IMPORTANT :

A notice period of 3 months is required should the student leave ISWB.

11. Arrangements to pay by EFT must be made with the school, HOWEVER we encourage ALL Parents to pay by Debit Order.

These payments must clearly reflect the **Student account number**.

12 ISWB Banking details:

BANK WINDHOEK

ACCOUNT NUMBER: 8001906191

BRANCH CODE: 481-872

13. Cash handling Fees :

Please note that the bank deducts cash handling fees for all cash deposits made, this fee will be added to your account.

Very important:

14. Please note that your child/children will not be allowed to attend school when your account is in arrears.

The school's financial policy prohibits the release of progress reports, certificates or any results when your account is not paid up.

Signature of parent: _____

Date: _____