



Brilliant Minds Academy

Educating young minds

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Erf 1069, Elisenheim, Windhoek, Namibia

Learner Application & Parent Contractual Agreement

Thank you for choosing the Brilliant Minds Academy Family!

Please complete this application fully, initial every page and return to Homeschooling.Elisenheim@outlook.com

This application must be accompanied by the proof of payments for all Face-to-Face, Daycare and Aftercare children.

Choose Education Package: ☒

Year applied for:	<input type="text"/>	Face to Face	<input type="checkbox"/>
Grade:	<input type="text"/>	Daycare	<input type="checkbox"/>
Aftercare	<input type="checkbox"/>	Full day	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	Half day	<input type="checkbox"/>
Transport	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 1: Learner details

Surname:	<input type="text"/>									
Name/s as on birth certificate/ID:	<input type="text"/>									
Preferred name:	<input type="text"/>									
ID/Passport 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"/>
Date of birth	<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"/>
Home language:	<input type="text"/>									
Other language/s:	<input type="text"/>									
Person dropping learner at school (pre-primary to Grade 7):	Name <input type="text"/>									
Relationship	<input type="text"/>									
Person dropping learner at school (pre-primary to Grade 7):	Name <input type="text"/>									
Relationship	<input type="text"/>									

Section 2: Subject Choices (Grade 8 - 12)

For subject choices, please refer to FR01 - Subject Choices

Section 3: Student's medical details

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

Family doctor

Name:	<input type="text"/>	Tel no.:	<input type="text"/>
Address:	<input type="text"/>		

Section 3: Student's medical details - Continued

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	Mups	Tick bite fever
Diabetes	Hepatitis	Polio	Typhoid fever
Diphtheria	Malaria	Pneumatic fever	Whooping cough

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 4: Student's medical details

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 5: Personal details of father, stepfather, or legal guardian

Surname:																	
Full names as on ID:																	
ID number:																	
Relationship:						Marital status:											
Occupation:						Employer:											
Residential address	Work address					Postal address											
Tel. H:						Tel. W:						Cell:					
Email address:																	

Section 6: Personal details of mother, stepmother, or legal guardian

Surname:																	
Full names as on ID:																	
ID number:																	
Relationship:						Marital status:											
Occupation:						Employer:											
Residential address	Work address					Postal address											
Tel. H:						Tel. W:						Cell:					
Email address:																	

Section 7: Details of person responsible for account (Account holder)

Surname:																	
Full names as on ID:																	
ID number:																	
Relationship:						Marital status:											
Occupation:						Employer:											
Residential address	Work address					Postal address											
Tel. H:						Tel. W:						Cell:					

Section 7: Details of person responsible for account (Account holder) - Continued

Email address:

Payment method: * A 2% Cash handling fee will be applicable

Payment plan:

Section 8: Conditions of entry

1. No learner will be admitted to the school until the registration fee has been paid in full and this Parent Contractual Agreement (FRM02) has been signed.
2. The applicant and his/her parents may be interviewed as part of the admission process.
3. By signing this application I/we accept that Brilliant Minds 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.

Section 9: Agreement between Brilliant Minds Academy and the parent or guardian

Contractual agreement between Brilliant Minds 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 Brilliant Minds 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 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 abide by these.
4. That I, the person (Account holder) as indicated in **Section 7** (seven) 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 Day 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 **FRM05 - School Fees** for the applicable school fees.)
5. That I, the person (Account holder) as indicated in **Section 7** (seven) 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:
 - 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 email 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.

Section 9: Agreement between Brilliant Minds Academy and the parent or guardian - Continued

- 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 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** must be submitted before the 7th of the month. Approval of such a plan is at the discretion of the principal. Should I fail to honour the proposed payment plan, I understand that my child will be required to hand in all books and not be allowed to school until my outstanding account/s is paid in full.
6. That I, the person (Account holder) as indicated in **Section seven** (seven of this application agree that if necessary the school 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 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 within 30 (thirty) days after date of statement.
9. 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 Day and Half Day). 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.
10. To inform the school in writing of any changes in my e-mail address, telephone number or other contact details as soon as possible thereafter.
11. 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 grounds.
12. 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.
13. 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:
 - 13.1 Transport by bus, mini-bus or private vehicles
 - 13.2 All informal activities during or after school
14. 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.
15. 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.
16. That the Principal may summarily suspend the child from the school pending an investigation into gross misconduct by the child.
17. That during a disciplinary hearing, the following persons may be present: Principalm Teacher, Accused, Learner Representative and Parent. Lawyers may not be involved in the disciplinary processes of the school.

Section 9: Agreement between Brilliant Minds Academy and the parent or guardian - Continued

18. I undertake to take matter 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, Principal.
19. For Face-to-Face school. Parent/Guardian involvement in school activities, events and education:
- 19.1 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-teache's meetings and the supervision and support of my child completing homework tasks.
- 19.2 I will commit myself to be involved in school activities as indicated by me in the Activities Table in Section 10 in this agreement. Additionally, I commit to provide my assistance and co-operation in fund raising or other activity/event from the school, where I have been appointed to assist by a representative from the school.
- 19.3 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.
- 19.4 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.
20. 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 10: Activities table

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.

We ask you to provide your assistance to the benefit of all children attending Brilliant Minds Academy. Please refer to form **FRM06 - Parent Activities** for a list of how you can be of assistance and complete the table below:

Area of assistance	I commit to assist with:
1. Acadmic & curriculum	
2. Social events	
3. Marketing & public relations	
4. Fund raising	
5. Infrastructure & resource maintenance	
6. Payment of N\$1500 , if unable to assist	When this option is chosen, I agree that this amount will be paid by end April.

Section 11: 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 completed and accurate and that we have read and understand the content thereof.

We further agree to submit to the authority of the school, 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:
Father/stepfather/ legal guardian			
Mother/setmother/ legal guardian			
Account holder			
Representative of Brilliant Minds Academy			

Section 12: 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	
1. All pages initialled and sections signed			ONE RECENT COLOUR PHOTO OF CHILD (ID SIZE)
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. For Grades 8-12: Completed Addendum A - Subject choices			
7. One recent colour ID photo of your child			