



Fix a recent photograph.

Application for Admission Teacher Training Courses

Application for Admission Contract

Complete every part of the form
Sign and initial where indicated
Attach all relevant supporting documentation

For Office use Only

Accept Refuse
By way of _____
Student Number: _____

Banking details:
First National Bank
Walvis Bay – 282172
Headstart Montessori Teacher Training College
62083639842

Cell Phone: _____

Email: _____

Year of entry:		Course & year of study:	
SECTION A: DETAILS OF STUDENT			
Surname:			
First & any additional names:			
Any previous names:			
Date of birth:			
Gender:			
Identity number:			
For foreign students: Passport number & work permit:			
Home language:			
Albinism Status (Yes or No)			
Do you have an impairment or disability? (Yes or No)			
Based on your disability do you have any special needs?			
Explain:			
Do you receive a disability Allowance (Yes or No)			
Do you suffer from any nervous affliction or mental abnormality? (for college planning)			
Are you from a marginalized group (tick appropriate option)	San	Ovatie	
	Ovatjimba	Ovazemba	
Marital Status:			
English ability (1-5): 5 being highly proficient & 1 not proficient			
Religious Affiliation (if any):			
Ethnicity/culture:			
Postal address:	P O Box	Town:	Region:
Residential address:	No.	Street:	
	Suburb:	Town:	

Application for Admission 2024

Mature Age Entry: attach an employer's letter to confirm details below:	
Current occupation:	
Main duties:	
Length of current employment:	
Employer:	
Employer's contact details:	
SECTION B: PARENT/GUARDIANS DETAILS	
Father's full names:	
Identity Number:	
Occupation:	
Work address & number:	
Mother's full names:	
Identity Number:	
Occupation:	
Work address & number:	
Postal address/es	
Residential address/es	
SECTION C: SCHOOL/EDUCATION HISTORY	
Last school attended :	
Town & Region:	
Language of instruction:	
Highest grade passed:	
Last School Year :	
Grades repeated:	
SECTION D: FINANCIAL INFORMATION	
Person responsible for fees:	
Relationship to student:	
Occupation:	
Employer:	
ID Number:	
SECTION E: SPONSOR'S AGREEMENT	
<p>If someone other than the student is responsible for payment of the student's course, the person or representative is required to complete the following section:</p>	
<p>Name: _____ hereby agree to pay the fees as agreed upon for (name of student) _____ and I/we are aware of the financial requirements and agree to all the appropriate dates and amounts of payment as found in the Student Handbook of which I have a copy. The ultimate responsibility for the fees for the course remains with the registered student.</p> <p>Signature of Sponsor: _____</p> <p>Signature of Student: _____</p>	

Tel: +264.64.220959
Fax: +264.64.200439

No 4 Seventh Street South
P O Box 1379
Walvis Bay, Namibia

info@headstart.com.na

Student initials

Application for Admission 2024

SECTION F: FORMAL STATISTICAL INFORMATION

Region of Origin – where you were born and grew up, circle.

Karas	Hardap	Khomas	Erongo	Omaheke
Otjizondjupa	Kunene	Omusati	Oshana	Ohangwenga
Oshikoto	Kavango West	Kavango East	Zambezi	

SECTION G: CHECKLIST

Please read the following carefully before sending your application to the college. To ensure your application is complete, please tick the checklist below.

Tick	Item
	Certified copies of ID/passport (birth certificate if no ID)
	Certified copy of marriage certificate if the ID AND the name changed
	Recent photograph attached to front page of the application
	Certified copies of your academic certificates/results
	Copy of Study permit if not a Namibian citizen or permanent residence
	Mature Age Applicants: Letter from employer confirming job description and length of service

SECTION H: STUDENT DECLARATION

I confirm that all of the details and information provided are complete, accurate and correct. Student initials
I confirm that I have read and understood the Student Handbook. Student initials
I confirm that I understand & agree to the financial contract. Student initials
I confirm and I understand & agree to the attendance policy. Student initial
I confirm that I have access to a Laptop, computer, tablet or smart phone and access to data connectivity off campus to access online learning material. Student initial

I hereby agree to abide by all the rules and regulations of this College, and any amendments thereto, as spelt out clearly in the Headstart Student Handbook and accept any liability that may arise from contravening or breaking any of these rules. I also understand that this Admission Contract is accepted on the clear understanding that it cannot be cancelled upon commencement of a course.

Student Signature:

Date:

Admissions Signature:

Date:

How did you hear about the college?

Recommendation from a friend/ family

Social media (Facebook, Twitter etc.)

Print Media

Search engine

Other (please specify)

Official date stamp by college on receipt