



REPUBLIC OF NAMIBIA
MINISTRY OF EDUCATION, ARTS AND CULTURE
SPECIAL EDUCATION

**Application for Admission to an Approved
Special School, Unit or Class in Namibia**

VERY IMPORTANT

Complete Part 1, Part 2 and Part 3 for all Special Schools, Units and Classes.

- **Part 1** is completed by the learner's primary caretaker.
- **Part 2** is completed by a medical doctor (If this part is completed by a registered nurse, please attach a letter of motivation stating why a doctor could not be consulted.)
- **Part 3** must be completed by the current school principal – if the learner is or has attended a school.

Please attach copies of the following documents:

- The learner's **birth certificate**
- The learner's latest school report and his/her most recent end-of-year **report**
- Any medical or para-**medical reports** in possession of parents (e.g. Optometrist, Audiologist, Social Worker, Psychologist, Occupational Therapist); parents will be informed if, or which, reports are necessary for the specific application. Copies of the appropriate pages of the Medical Passport may suffice.

NAME OF APPLICANT

NAME OF SPECIAL SCHOOL, UNIT or CLASS APPLIED FOR

NAME OF SCHOOL CURRENTLY ATTENDING

PART 1

- 1. PARTICULARS OF LEARNER:** (To be completed by the parent/guardian)
- 1.1 SURNAME:
- FULL NAMES:
- 1.2 DATE OF BIRTH:
- 1.3 ESTIMATED AGE IF DATE OF BIRTH IS NOT KNOWN: YEARS:
- 1.4 GENDER: MALE FEMALE
- 1.5 HOME LANGUAGE Can the applicant understand or speak other languages
(specify):
- 1.6 SCHOOL(S) OR PRE-PRIMARY SCHOOL(S) ATTENDED
- 1.6.1 Name of School(s)
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- 1.6.2 Highest Grade passed:
- 1.7 INDICATE THE LEARNER'S PROBLEM: (Indicate with a cross and specify)
- Hearing impairment (deaf / hard-of -hearing):
- Visual impairment (blind / partially sighted):
- Physical impairment (specify):
- Mental impairment:
- Learning impairment or difficulties:
- Epilepsy:
- Cerebral palsy:
- OTHER (Specify):
- 1.8 WHEN DID YOU BECOME AWARE OF THE PROBLEM? (specify):
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- 1.9 DOES ANY OF THE BROTHERS/SISTERS HAVE AN IMPAIRMENT OR SUFFER FROM A PERMANENT
ILLNESS? (Specify):
- 1.10 DOES ANY OF THE PARENTS HAVE AN IMPAIRMENT OR SUFFER FROM A PERMANENT ILLNESS?
(Specify):
- 1.11 DOES ANY OF THE GRANDPARENTS HAVE AN IMPAIRMENT OR SUFFER FROM A PERMANENT ILLNESS?
(Specify):
- 1.12 CAN THE LEARNER DO ANY OF THE FOLLOWING ON HIS/HER OWN?
- Eat: Dress: Wash and Bath:
- Toilet trained: (Note: Parents must provide a Learner Assistant if learner needs assistance with above)
- Abilities:
- 1.13 SPECIFIC INTERESTS OF THE LEARNER:
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- 1.14 DOES THE LEARNER HAVE ANY STRANGE HABITS OR BEHAVIOURS?:
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- 1.15 NEAREST: Railway Station or Bus Stop:.....
- Health Clinic:
- 1.16 WILL THE LEARNER REQUIRE HOSTEL ACCOMMODATION? State Reason:
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2. PARTICULARS OF PARENTS OR GUARDIAN

2.1 FATHER / GUARDIAN: FULL NAME:

IDENTITY NUMBER:

HOME ADDRESS:

POSTAL ADDRESS:

NATURE OF WORK:

NAME OF EMPLOYER:

WORK ADDRESS:

TEL. NO: work home cell

2.2 MOTHER / GUARDIAN: FULL NAME:

IDENTITY NUMBER:

HOME ADDRESS:

POSTAL ADDRESS:

NATURE OF WORK:

NAME OF EMPLOYER:

WORK ADDRESS:

TEL. NO: work home cell

2.3 Indicate with whom the learner is currently staying:

2.4 To whom should letters or reports be posted?:

3. DECLARATION BY PARENT / GUARDIAN

- 3.1 I declare that I supplied the information in this form and that it is correct and true to the best of my knowledge.
- 3.2 Furthermore I promise and undertake not to remove the child in whose respect this application is made and for whom financial aid and/or other concessions may be authorised, from the institution without the consent of the Ministry of Education.
- 3.3 I hereby give my full consent as parent/guardian of this child to any emergency medical treatment as advised by a medical doctor, should the school be unable to secure my consent in advance.
- 3.4 I hereby authorise the principal/ superintendent of this school/hostel to sign the hospital’s permission forms for operations on this learner *in loco parentis*, should the school be unable to secure my consent in advance.
- 3.5 I hereby also agree that this learner may be transported in a school vehicle and that the Ministry of Education or any officers of the school will not be held responsible for any losses suffered or injuries sustained in a road accident.

LEGAL FATHER / MOTHER / GUARDIAN:

FULL NAME: SIGNATURE:

DATE:

WITNESS:

FULL NAME: SIGNATURE:

DATE:

PART 2

4. MEDICAL REPORT (To be completed by any medical doctor or alternatively a Registered nurse. Please supply a letter of motivation if a doctor could not be consulted)

4.1 MEDICAL AND FAMILY HISTORY

4.1.1 Does / did the learner show signs of any of the following? If "YES", please specify

	Yes	No	DESCRIPTION
Inherited Disorders			
Metabolic Disorders			
Mental Disorders			
Learning Impairment / Difficulty			
Physical Impairment	Inherited		
	Acquired		
Allergies			
Infectious Diseases			
Operations			
Hospitalisations			

4.1.2 **HEARING ABILITIES:** (*Only refer to E.N.T. or an Audiologist if a hearing loss is suspected. Attach audiogram.*)

- Is there a hearing impairment? YES NO
- * If "YES": PARTIALLY TOTALLY
- * Was he/she born with a hearing impairment? YES NO
- * If not, at what age did he/she become hearing impaired?
- * Possible cause of hearing impairment:
- * Has he/she ever had any operation on the ear? YES NO
- * If so: By whom? Where? When?
- * Do you consider the condition to be: Permanent Static Progressing
- * Does he/she suffer from discharging ears? YES NO

4.1.3 **VISUAL ABILITIES** (*Only refer to Ophthalmology if there is a visual impairment. Attach results of eye test.*)

- Is there a visual impairment? YES NO
- * If "YES": PARTIALLY TOTALLY (no light perception)
- * Was he/she born visually impaired? YES NO
- * If not, at what age did he/she become visually impaired?
- * Possible cause of visual impairment:
- * Have the eyes ever been operated on? YES NO
- * If YES: By whom? Where? When?
- * Do you consider the condition to be: Permanent Static Progressing

4.1.4 **SPEECH**

- Is there an impairment in speech? YES NO

If "YES" describe:

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4.2 MEDICAL EXAMINATION

4.2.1 GENERAL AND SYSTEMIC

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4.2.2 EAR-, NOSE- AND THROAT

	Yes	No	SPECIFY
Allergy Symptoms			
Tonsils IN SITU			RIGHT LEFT
Otосcopy: Tympanic membranes Normal			

4.3 MEDICAL / PHYSICAL AID(S) AND / OR TREATMENT (E.g. Glasses, hearing instruments)

NO	YES	SPECIFY

4.4 IN YOUR OPINION, IS THE APPLICANT A SUITABLE CANDIDATE FOR PLACEMENT IN A SPECIAL SCHOOL, UNIT OR CLASS?

YES..... NO.....

4.5 ANY OTHER REMARKS (further Diagnostic Investigations, Management)

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4.6 MEDICAL EXAMINER

NAME: QUALIFICATIONS:

ADDRESS:

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SIGNATURE OF MEDICAL PRACTITIONER

OFFICIAL STAMP

DATE

PART 3

(If the learner is / was enrolled at a school before)

5. REPORT BY PRINCIPAL OF SCHOOL PRESENTLY ATTENDED BY LEARNER

(A copy of the applicant’s latest school report as well as the previous end of year report should be attached)

5.1 NAME OF LEARNER: Grade

5.2 NAME OF SCHOOL:

ADDRESS:

5.3 **ACADEMIC HISTORY OF APPLICANT – from year that learner started school to the present**

	Year	Grade (Specify if Special Grade)	Passed / Failed / Failed and transferred / Repeated	Average marks of applicant
1st Year				
2nd Year				
3rd Year				
4th Year				
5th Year				
6th Year				
7th Year				
8th Year				
9th Year				

5.4 **OTHER INFORMATION**

	Very Good	Good	Average	Poor	Very Poor
School Attendance					
Obedience					
Social Adjustment					
Diligence					
Co-operation					
Honesty					
Emotional Stability					

5.5 EXTRAMURAL ACTIVITIES:

5.6 COMMENTS BY CLASS TEACHER:

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5.7 IN YOUR OPINION, IS THE LEARNER A CANDIDATE FOR SPECIAL EDUCATION? MOTIVATE.

.....

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SIGNATURE OF PRINCIPAL

OFFICIAL STAMP

.....
DATE