

OSHANA REGIONAL COUNCIL: DIRECTORATE OF EDUCATION OMPUNDJA CIRCUIT



FORM NO:

Cel no:

ENQUIRIES: SCHOOL ADMINISTRATOR

APPLICATION FOR ADMISSION TO GRADE 8 - 2025

GABRIEL TAAPOPI SECONDARY SCHOOL

Tel: +264 65 230 345 Fax: +264 65 230 394 Email: gtaapopi@gmail.com Centre of excellence!

Private Bag 5532 Oshakati

• Use block letters to	•	this fo	rm a	nd place an	'X'	in the co	rrect sq	uare (b	oox)				
 Attach certified cop 	ies of												
✓ birth cei	rtificate,												
✓ grade 6,	December	repor	t an	d grade 7, j	June	2024 r	eport.						
• DUE DATE FOR SU	BMISSION:	31st J	ULY	2024. A no	n-r	efundab	le appli	ication	fee of N\$ 1	0 cash, to b	e paid	upon submis	sion
		NB: N	lo en	itry test wil	l be	administ	ered						
PART A. LEARNER'S	PARTICU												
Surname:												1	
First Name(s):		_					•					Initials:	
Date of Birth:	d	d	m	n m	У	У	У	У	Gender:	Male		Female	
Nationality:													
Current School:													
Current School's Postal	Address:												
Tel no:													
Fax no:													
PART B. PARTICULA	RS OF PA	AREN	TS/	GUARDI	AN								
Family relationship w	rith the le	arnor	••							Mother		Guardian	
Title (Mr/Mrs/Dr. etc.)			•	Name:						Mother		Guaruian	
Surname:				ivanic.									
Postal Address													
Residential Address													
Tel (H):				Tel (W)					10	Cel no:			
Occupation:				101(00)									
•										п .1		0 1:	
Family relationship w		arner	<u>:</u>	1						Father		Guardian	
Title (Mr/Mrs/Dr. etc,)				Name:									

Languages Offered

Surname:
Postal Address
Residential Address

Tel (H):

Occupation:

We offer English 2nd Language, Oshikwanyama and Oshindonga as 1st Languages. It is compulsory for a learner to do English and one of the first languages

Tel (W)

Oshikwanyama as 1 st language							
Oshindonga as 1st language							
Learner Lives with:	Both Parents	Mother	Father		Guardian		
Send Correspondence to:	Both Parents	Mother	Father		Guardian		

Signature of Mother/Father/Guardian:	Date:

PART C. ADDITIONAL INFORMATION

General health condition/allergies
Learning difficulties (if any)
Physical disabilities (if any)
Any specific medical conditions
For official use

For official use						
	Admitted		Not admitted			
Reason (s)						
Signature:			Date:			

Received date Official stamp Processed date Official stamp