



# SAGEWOOD PREPARATORY SCHOOL

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PBO No. 930020807

EMIS 321937

DOC RegNo. 04493

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## APPLICATION FOR THE ADMISSION OF A PUPIL

Welcome and thank you for choosing Sagewood Preparatory School for this important phase of your child's education.

Sagewood is a registered independent primary school and self-funding. Sagewood is also a member of the Independent Schools of South Africa and is accredited with Umalusi. Our qualified staff endeavor to provide and maintain a high quality of education.

Please study the documents provided, particularly those that relate to the various fees that are payable. The funding of the school is almost entirely from these fees and parents are required to pay their fees timeously.

You are requested to pay R350-00 for this application form.

### TERMS AND CONDITIONS

The following terms and condition apply:

- Admission Deposit:** A non-refundable admission deposit of R1 300-00 is payable within one week of notification of your successful application.
- Payment of Fees:** All fees are payable within 7 days of written notification by the School. Parents may elect which payment plan they will feel comfortable with – annual, termly or monthly. Fees paid annually in advance will enjoy a 5% discount.
- Late Payment of Fees:** All fees not paid in terms of item 2 will attract interest at the prime rate ruling of the First National Bank of plus 3%.
- Termination of Enrolment:** A full term's notice or termination shall be given in writing or alternatively one term's fee paid in lieu of such notice. Should a pupil leave the school during a term, under whatever circumstances, the term's fee shall be forfeited, and full term's fees in lieu of notice shall be due.
- Rebate of Fees:** There shall be no rebate of fees if the pupil is absent from school.
- Person Responsible for Payment of Fees:** The parent or guardian responsible for the payment of the school's fees shall furnish the information required in Section D of the application, and in the event that parents are unmarried then both parents shall furnish the information required, and in either case the parents shall sign an undertaking that school fees will be paid as in item 2 above. **Please provide a 3-month bank statement with the application form.**

*I have read and understood the terms and conditions of enrolment and hereby agree to the terms and conditions above.*

Mother/Guardian Signature	Father/Guardian Signature
Date	Date

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**"Accredited by Umalusi, Council for Quality Assurance in General and Further Education and Training"**



**SAGEWOOD PREPARATORY SCHOOL**  
**APPLICATION FOR ADMISSION OF A PUPIL**

(To be completed by Parent or Guardian)

**SECTION A**

GRADE APPLIED FOR: \_\_\_\_\_ HIGHEST GRADE PASSED & YEAR: \_\_\_\_\_

ACCESSION NUMBER: \_\_\_\_\_

**PERSONAL DETAILS OF CHILD**

Surname \_\_\_\_\_ Initials \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

Identity Number \_\_\_\_\_

Country of Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Province, if SA Citizen \_\_\_\_\_

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PHYSICAL ADDRESS \_\_\_\_\_

City/Suburb \_\_\_\_\_ Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Learner Cell \_\_\_\_\_

Learner Email Address \_\_\_\_\_

Home Language \_\_\_\_\_

Deceased Parent      MOTHER/FATHER/BOTH

Mode of Transport \_\_\_\_\_

Religion \_\_\_\_\_

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**PREVIOUS SCHOOL INFORMATION**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City/Suburb \_\_\_\_\_ Code \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

**SECTION B**

**LEARNER MEDICAL INFORMATION**

Medical Aid Number \_\_\_\_\_ Medical Aid Name \_\_\_\_\_

Medical Aid Main Member \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Telephone \_\_\_\_\_

Medical Condition \_\_\_\_\_  
\_\_\_\_\_

Special Problems Requiring Counselling \_\_\_\_\_

Dexterity of Learner     RIGHT HANDED / LEFT HANDED / AMBIDEXTROUS

Social Grant             YES / NO

Indicate in the relevant space against which of the following diseases the child has been immunised:

DIPHTHERIA                 Yes / No             Date \_\_\_\_\_

WHOOPING COUGH           Yes / No             Date \_\_\_\_\_

TETANUS                    Yes / No             Date \_\_\_\_\_

TYPHOID                    Yes / No             Date \_\_\_\_\_

TUBERCULOSIS              Yes / No             Date \_\_\_\_\_

POLIOMYELITIS              Yes / No             Date \_\_\_\_\_

Name of any other diseases against which the child has been immunised \_\_\_\_\_

Has the child any disability or allergy? YES / NO     If so, which? \_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS**

Number of children at this school:             Position in Family: \_\_\_\_\_

Please supply full names below:

Name: \_\_\_\_\_                                     Grade: \_\_\_\_\_

Name: \_\_\_\_\_                                     Grade: \_\_\_\_\_

Name: \_\_\_\_\_                                     Grade: \_\_\_\_\_

**If child is accepted, the following documents must be submitted to the school:**

- 1. Copy of Immunisation Records**
- 2. Copy of Birth Certificate**
- 3. Progress Report from previous School**
- 4. Transfer Letter from previous School**
- 5. Copy of Mother/Father/Guardian's ID**

**SECTION C**

**PARENT / GUARDIAN INFORMATION –**

**Complete a SEPARATE form for each parent living at a different physical address**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Gender: MALE / FEMALE

Home Language: \_\_\_\_\_ Race: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Account Payer: YES / NO

Residential Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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Surname of Spouse: \_\_\_\_\_ First Name: \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse ID Number: \_\_\_\_\_ Learner resides with parent/s YES / NO

Relationship to Learner: \_\_\_\_\_

Marital Status of Parent: \_\_\_\_\_

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**CORRESPONDENCE INFORMATION**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Spouse Work Number: \_\_\_\_\_ Spouse Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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I hereby declare that to the best of my knowledge, the above information as supplied in Sections A, B and C is accurate and correct.

Name of Parent / Guardian: \_\_\_\_\_  
(Print Name)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION D**

**DECLARATION OF PARENT / GUARDIAN RESPONSIBLE FOR PAYMENT OF FEES**

*Complete the table:*

Surname	First names
Date of Birth	ID No.
Home Telephone No.	Work Telephone No.
Cell No.	Fax No.
Emergency Contact No.	Email address
Postal Address	Residential Address
Bank	Name of Account Holder
Branch and Code	Account No.
Credit Reference 1 (Name and contact number)	Credit Reference 2 (Name and contact number)

I hereby declare that the information provided is true and correct and that I will make full payment of the school fees as notified in writing by Sagewood Preparatory School on an \*annual/termly/monthly basis for the period that my child is enrolled at Sagewood Preparatory School.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Parent/Guardian

Witnessed by:

\_\_\_\_\_

*Office use only:*

Type of Account	Bank Statement
Credit Reference 1	Credit Reference 2

**POPIA NOTICE:** By completing this form you acknowledge that you give permission for your personal information to be processed for application purposes for Sagewood Preparatory School. This includes affordability and financial checks. Should your application be successful, this information shall be further processed for admissions and schooling purposes. Should it not be successful or should you choose not to accept the placement, your information will be safely destroyed as per our policy.