



SAGEWOOD PREPARATORY SCHOOL

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PBO No. 930020807

EMIS 321937

DOC Reg No. 04493

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 (ISASA) and is accredited with Umalusi. Our qualified staff endeavour 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 R450-00 for this application form.

TERMS AND CONDITIONS

The following terms and condition apply:

- Admission Deposit:** A non-refundable admission deposit of R1 600-00 is payable within one week of notification of your successful application.
- Payment of Fees:** All fees are payable by the end of each month. Parents may elect which payment plan they will feel comfortable with – annual, termly (*fees need to be paid in the first month of the term*) 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%. Should payment of fees not paid timeously, a letter will be sent in the last week of term by the school to remind the parent/guardian of the amount due. If the arrear fees are not paid before the first day of the term the learner(s) shall be required to leave the school and not return until such time as the outstanding amount have been settled. Learner(s) will not be allowed to start a new year if there are arrear fees from the previous year.
- 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 Responsibility 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 current 3-month bank statement when submitting the application form.

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

Mother/Guardian Signature	Father/Guardian Signature
Date:	Date:

"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 _____

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 _____

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
6. 3 Months Bank Statements

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: _____
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: _____

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: _____

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.