



# SAGEWOOD PREPARATORY SCHOOL

PO BOX 741  
GINGINDLOVU 3800

Tel: 035 337 0042

Email: [admin@sagewoodprep.co.za](mailto:admin@sagewoodprep.co.za)

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 R500-00 for this application form.

### TERMS AND CONDITIONS

The following terms and condition apply:

- Admission Deposit:** A non-refundable admission deposit of R1 800-00 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 has 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:

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**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.



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## SCHOOL FEES 2025

<b>Grade</b>	<b>Charge per month <u>Over 11 months</u> (January - November)</b>	<b>Total per Annum</b>
Grade 00	R2150.00	R23 650.00
Grade R	R2550.00	R28 050.00
Grade 1	R3180.00	R34 940.00
Grade 2	R4100.00	R45 100.00
Grade 3	R4100.00	R45 100.00
Grade 4	R4100.00	R45 100.00
Grade 5	R4100.00	R45 100.00
Grade 6	R4100.00	R45 100.00
Grade 7	R4100.00	R45 100.00

Daily Bus Usage from Mtunzini - R1050.00 per 1st child/month x 11 months  
Daily Bus Usage from Mtunzini - R1000 per 2nd child/month x 11 months  
Daily Bus Usage from Mandini - R1200 per 1st child/month x 11 months  
Daily Bus Usage from Mandini - R1150 per 2nd child/month x 11 months  
Daily Bus Usage from Gingindlovu - R550 per 1st child/month x 11 months  
Daily Bus Usage from Gingindlovu - R500 per 2nd child/month x 11 months

### **Discount of 5% for Early Payment**

Total Annual fees need to be paid before February 2025

\*\*Extra costs to parent not included in the above fees are: stationery, text and workbooks, puppet shows, outings, uniforms, external extra curricula activities (eg. judo, Playball)

\*\*Playball is included in the school fees for pre-school. (Grade 00 & R).

\*\*Daily Rate R250/per child

### **Admission Fees:**

Application fee: R500 per child, once off.  
Admission Deposit (Non-refundable): R1 800 per child, once off.

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