

KABEGA PRIMARY SCHOOL



BRABANT STREET

KABEGA PARK

PORT ELIZABETH

TEL: 041-3602581

E-MAIL: kabegaps1@gmail.com

ADMISSION FOR 2025

Thank you for considering **Kabega Primary School** for your child. We are grateful that you are applying to our school. However, we ask you to keep in mind that we have many learners applying at our school. We therefore suggest **that you apply to at least 3 other schools** as well. Please take note of the enrolment procedure below.

APPLICATIONS CLOSES: 31 MAY 2024

APPLICATION PROCEDURE AND REQUIREMENTS:

- Please **print** in capitals and complete all sections, even if there is repetition. The supply of false information will invalidate this application. Please supply a physical address as well as a postal address if applicable.
- The application form will only be considered if all the documents listed below are included and **hand-delivered** to the school office.

NO	REQUIRED DOCUMENTS – please tick off in the attached column	ATTACHED
1	One passport-size photograph of the applicant (learner). Attach to page 1 in the space provided on the application form	
2	CERTIFIED copy of applicant's (learner's) birth certificate	
3	Certified copy of the immunisation page from Clinic Card of the Learner.	
4	CERTIFIED copies of BOTH PARENTS' Identity documents.	
5	CERTIFIED copies of BOTH PARENTS' salary slip (if self-employed 3 months CERTIFIED bank statements must be attached)	
6	CERTIFIED copies of ACCOUNT PAYER Identity document (if not one of the parents); proof of income and affidavit from the SAP	
7	CERTIFIED copy proof of residence – not older than 3 months (MUNICIPAL ACCOUNT/RENTAL AGREEMENT. NO OTHER ACCOUNTS WILL BE ACCEPTED)	
8	Compulsory Medical Information form must be completed by the parent (Attachment 2)	
9	Latest REPORT (where applicable)	

ON BEING SHORTLISTED:

- If your child is shortlisted based on the Admission Policy, you will be contacted telephonically and be requested to come for an interview and screening.
- Parents and the learner must attend the interview.
- Please note that not all applicants are called for an interview.
- An interview does not secure a place at Kabega Primary School.

ENROLMENT

- Please ensure that we have the correct e-mail address or cell number.
- Should your application be successful you will be contacted via e-mail or cell to report to school to sign a letter of acceptance and to pay an administration fee of R1 900. 00
- R1900.00 Part of fees structure for 2025 (R800.00 for book fees and R1100.00 part of January 2024 fees.)
- The payment must be done **within 48 hours** after you have received the notification **to secure your admission.**
- **The administration fee is non-refundable after acceptance of your signed letter.**
- Once you have paid the acceptance fee, all correspondence will be done via e-mail. Please ensure that your e-mail address is correct.

COMPULSORY – VERY IMPORTANT

- Learners who begin the school year at Kabega Primary MUST supply us with a **TRANSFER LETTER** as well as a **DECEMBER SCHOOL REPORT** on the FIRST DAY of school or before school closes in December.
- Learners who are admitted during the year should hand in their TRANSFER LETTER and REPORT to the office on the **FIRST DAY** of school.
- **Learners will need to be competent in English as the medium of instruction is English.**

By signing this application, the parent/guardian accepts the contents of the following declaration. No deletions may be made.

On behalf of my child and myself, I agree to:

- Accept the ethos of the school as in the School Mission Statement
- **Accept the behaviour and uniform rules.**
- Pay the stipulated fees according to the official regulations.
- Oversee my child's involvement in the school's extra-mural programme (SPORT IS COMPULSORY)
- Inform the Principal in the event of the learner leaving the school, and return all textbooks, library books, and other items provided by the school.
- Abide by the Code of Conduct (available from the school for perusal by prospective parents)

IMPORTANT:

1. Any fraudulent information about Home Address, Date of Birth, Grade passed, etc. can result in the child being asked to leave the school as soon as this becomes known.
2. Kabega Primary School reserves the right to check the credit history of parents or legal guardians of all prospective applications.

Photo

Here

KABEGA PRIMARY SCHOOL

APPLICATION FOR ADMISSION IN GRADE (TICK)				1	2	3	4	5	6	7
LEARNER INFORMATION										
LEARNER'S SURNAME					ID NO:					
LEARNER'S NAME										
LEARNER'S NICKNAME (Name you use at home)										
DATE OF BIRTH					SEX	MALE		FEMALE		
HOME LANGUAGE		RACE		RELIGION						
HOME ADDRESS										
NAMES OF SIBLINGS BROTHERS/SISTERS AT KABEGA (not cousins or other relatives)						GRADE				
						GRADE				
HIGHEST GRADE PASSED		NUMBER OF CHILDREN IN FAMILY				POSITION IN FAMILY (1 ST , 2 ND)				
LAST SCHOOL ATTENDED					PRIVATE		DEPARTMENT			
HAS THE LEARNER REPEATED A GRADE (State Grade)		REASON FOR TRANSFER								
DEPARTURE DATE OF CURRENT SCHOOL					SCHOOL TEL. NR					
MEDICAL INFORMATION										
MEDICAL AID					MEDICAL NUMBER					
ALLERGIES					FAMILY DOCTOR					
DR TELEPHONE NR					COUNTRY/TOWN OF BIRTH					
EMERGENCY CONTACT NAME (RELATION)					CELL					
				TEL						
ANY MEDICAL CONDITIONS (VISUAL, HEARING, SPEECH, ALLERGIES, ASTHMA, DIABETES EPILEPSY (any other not mentioned)										

BIOLOGICAL PARENT INFORMATION												
	BIOLOGICAL FATHER				BIOLOGICAL MOTHER				GUARDIAN			
MARITAL STATUS	MARRIED	DIVORCED	SINGLE	WIDOW	MARRIED	DIVORCED	SINGLE	WIDOW	MARRIED	DIVORCED	SINGLE	WIDOW/ER
WITH WHOM DOES CHILD STAY	BOTH PARENTS	FATHER	GUARDIAN	OTHER	BOTH PARENTS	MOTHER	GUARDIAN	OTHER	ADOPTIVE	STEP PARENT	FOSTER PARENT	LEGAL BY COURT
TITLE	MR	DR	PROF	OTHER	MRS	MISS	DR	OTHER	MR /MRS	MISS	DR	PROF
IF GUARDIAN – RELATIONSHIP TO LEARNER									UNCLE <input type="checkbox"/> AUNT <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> ANY OTHER GRANDMOTHER <input type="checkbox"/> SPECIFY: _____			
SURNAME												
NAMES												
ADDRESS												
ID NUMBER												
OCCUPATION												
EMPLOYER												
EMPLOYER ADDRESS												
HOME TELEPHONE												
CELL NO												
WORK TELEPHONE												
FAX NO												
E-MAIL ADDRESS												
IF UNEMPLOYED, DO YOU RECEIVE A GRANT	YES		NO		YES		NO		YES		NO	
SIGNATURE	SIGNATURE FATHER				SIGNATURE MOTHER				SIGNATURE GUARDIAN			

FINANCIAL INFORMATION

Parent/Guardian to whom all accounts and correspondence should be forwarded to:

PERSON RESPONSIBLE FOR
PAYING OF SCHOOL FEESYOUR RELATION TO THE
CHILD

ID NUMBER

PHYSICAL ADDRESS

POSTAL ADDRESS

TELEPHONE NUMBERS

H

W

CELL

E MAIL ADDRESS (WRITE IN THE
BLOCKS)

EMPLOYER

OCCUPATION

EMPLOYER ADDRESS

IF UNEMPLOYED, DO YOU
RECEIVE A GRANT?

YES

NO

I hereby declare to the best of my knowledge that all information supplied is accurate and correct. I also understand that this document is legal and binding.

SCHOOL FEE POLICY: TERMS AND CONDITIONS

1. It has been resolved by the Parents at a General Meeting that School Fees will be charged at this school and that the school can legally enforce the payment of school fees as per the South African Schools Act (1996)
2. Parents/Guardians are liable to pay school fees.
3. Terms of Payment: Annual fees are payable over 10 months (Jan – Nov).
4. School Fees for 2025 will be finalised and approved by the parents in November 2024.

DECLARATION BY PARENT OR GUARDIAN LIABLE FOR THE PAYMENT OF SCHOOL FEES

We have read and understand the school fee payment policy and accept the terms and conditions thereof.

We acknowledge and accept that the payment of School Fees at **Kabega Primary School** is compulsory and that as parents/guardians we are responsible for the payment thereof as prescribed by the school. We warrant that we are in a financial position to pay the prescribed fees. In the event of non-payment, action will be taken against BOTH parents regardless of any maintenance agreements that may exist between the parties.

We further acknowledge and agree that whilst we are in employment, should we fail to pay the prescribed compulsory school fees within seven (7) days from the date of demand, the full outstanding balance of the school fees shall immediately become due and payable.

SIGNATURE: _____ DATE: _____

COMPULSORY MEDICAL ATTENTION FORM

LEARNER NAME & SURNAME			DATE OF BIRTH	
MEDICAL AID			MEDICAL AID NUMBER	
<u>EMERGENCY CONTACT</u> <u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>
<u>DESCRIPTION OF MEDICAL CONDITION</u>	<u>DETAILS</u>	<u>DOCTOR'S NAME AND CONTACT NUMBER:</u>	<u>ACTION TO BE TAKEN BY TEACHER</u>	
<u>ANY:</u>				
<u>ALLERGIES</u>				
<u>CHRONIC OR LIFE-THREATENING CONDITION</u>				

REQUIRED DOCUMENTATION:

DESCRIPTION	COMMENTS
COPY OF MEDICAL AID CARD/FORM (BOTH SIDES) ATTACHED	
COPY OF IMMUNISATION CARD ATTACHED	
COPIES OF ANY OTHER IMPORTANT MEDICAL INFORMATION (CHRONIC OR LIFE-THREATENING MEDICAL CONDITION)	

I confirm that I take responsibility to notify the school of any changes to the above details:

SIGNED: _____ NAME: _____ DATE: _____