

KABEGA PRIMARY

APPLICATION FOR GRADE 2-7 FOR 2027

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 AUGUST 2026

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	✓	OFFICE USE
1	The Application must be signed by BOTH Biological Parents * *If a single Biological Parent is genuinely unaware of the whereabouts of the second Biological Parent, an affidavit is required.		
2	One passport-size photograph of the applicant (learner). Attach to page 1 in the space provided.		
3	Copy of Learner's Unabridged / Birth Certificate. If Learner and biological parent's surnames differ, a CERTIFIED copy of Unabridged Birth Certificate (or proof of application) of Learner is required.		
4	Certified copy of the <u>immunisation page</u> from Clinic Card of the Learner. If lost, an affidavit is required.		
5	CERTIFIED copies of BOTH PARENTS' Identity Documents, or Current Passport.		
6	NON-SA CITIZENS: TEMPORARY RESIDENTS: Current legal documentation giving Learner's refugee status. CERTIFIED copy of Temporary Residence Visa and / or Asylum Seekers Permit and a current copy of Learner's study permit required.		
7	CERTIFIED Support documents: Death Certificate; Divorce Agreement; Marriage Certificate (remarried); Adoption Paper; Foster Care Order.		
8	CERTIFIED copies of BOTH PARENTS' salary slip. If SELF-EMPLOYED - 3 months CERTIFIED bank statements must be attached		
9	SPONSOR: CERTIFIED copy of Sponsor's ID, proof of PHYSICAL address.		
10	CERTIFIED copy proof of residence – not older than 3 months (MUNICIPAL ACCOUNT/RENTAL AGREEMENT. NO OTHER ACCOUNTS WILL BE ACCEPTED)		

Applicant's Name: (Learner) _____

Grade applying for: _____ Year applying for: _____

I hereby confirm that all the documentation has been provided and I understand that my application will not be accepted if documentation is incomplete.

Parent Signature: _____

Date: _____

**PLEASE NOTE:
APPLICATION FORMS TO BE DROPPED
OFF AT OUR ADMISSIONS OFFICE FROM
09:00 – 13:00**

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 to sign a letter of acceptance and to pay an administration fee of R2 100. 00.
- **R2 100.00 Part of fees structure for 2027(R950.00 for grade fee and R1 150.00 part of January 2027 school fees.)**
- The payment must be done **by the due date to secure your admission.**
- **The administration fee is non-refundable after acceptance of your signed registration form.**
- 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 (EXTRA-MURALS 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.

Application no



KABEGA PRIMARY SCHOOL

☎ 041 360 2581

✉ admissions@kabegaprimery.co.za

f Kabega Primary School

www.kabegaprimery.co.za

Brabant Street
Kabega Park
6025

Photo
here

OFFICE USE ONLY

GRADE APPLYING FOR: _____

YEAR APPLYING FOR: _____

NAMES AND SURNAME:

Birth date:

Application received:

Pending:

Waiting list:

Rejected:

Interview:

Accepted:

Reason for the above:

Interview date:

Interview time:

E-mail sent:

Grade fee paid:

Stationery box paid:

Accession Number:

Allocated class:

Comments:



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APPLICATION FOR ADMISSION – GRADE 2-7 2027

DETAILS OF LEARNER:

FULL NAMES:			
SURNAME:			
INITIALS:			
DATE OF BIRTH:			
NATIONALITY:			
ETHNIC GROUP:			
GENDER:			
RELIGION:			
HOME LANGUAGE:			
RESIDENTIAL ADDRESS:			
		POSTAL CODE:	
NAME OF CURRENT SCHOOL:			
GRADE IN CURRENT SCHOOL:			
PHONE NUMBER OF CURRENT SCHOOL			

BROTHERS/SISTERS AT KABEGA PRIMARY Y / N	NAME AND SURNAME	GRADE:
	NAME AND SURNAME	GRADE:

MEDICAL DETAILS	NEXT OF KIN (other than parents)
SCHEME NAME:	NAME:
SCHEME PLAN:	SURNAME:
MEMBERSHIP NUMBER:	CONTACT NUMBER:
DOCTOR:	ALTERNATIVE NUMBER:
PHONE NUMBER:	RELATION TO CHILD:

MEDICAL HISTORY OF LEARNER

ALLERGIES:
ROUTINE MEDICATIONS:
EXISTING MEDICAL PROBLEMS: e.g. epilepsy, diabetes, asthma, etc.
LEARNING DISABILITIES:

INTERVENTION HISTORY

RELEVANT INFORMATION: EG: THERAPIES / INTERVENTIONS

Please indicate if any of the following professionals have been consulted, If so, please provide their name. Please also include the most recent report from these professionals

Professional	Contact Name	Contact Number	Latest report
Paediatrician			
Physiotherapist			
Occupational Therapist			
Speech Therapist			
Audiologist			
Psychologist			
Counsellor			
Optometrist			
Remedial Teacher			
Other Please specify:			

CORRESPONDENCE

Please indicate who is to receive the school report?	Parent 1	Parent 2	Guardian/ Sponsor
Please indicate who is to receive the fees account?	Parent 1	Parent 2	Guardian/ Sponsor

WHO DOES THE LEARNER RESIDE WITH?

Father	Mother	Grandparent	Guardian	Sponsor	Other:
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PARENT 1 INFORMATION	
FULL NAMES	
SURNAME	
INITIALS	
MARITAL STATUS	
ID NUMBER / PASSPORT NUMBER	
NATIONALITY	
ETHNIC GROUP	
GENDER	
RELIGION	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
	POSTAL CODE
E-MAIL ADDRESS	
CELL PHONE NUMBER	
OCCUPATION INFORMATION	
OCCUPATION STATUS	
OCCUPATION	
EMPLOYER	
EMPLOYER PHYSICAL ADDRESS	
EMPLOYER PHONE NUMBER	
IS LEARNER LIVING WITH THIS PARENT?	
IF NOT, WHO DOES CHILD STAY WITH?	
IF UNEMPLOYED DO YOU RECEIVE A GRANT?	YES NO
Signed at _____ on this the _____ day of _____ Full name: _____ Signature: _____	

PARENT 2 INFORMATION	
FULL NAMES	
SURNAME	
INITIALS	
MARITAL STATUS	
ID NUMBER / PASSPORT NUMBER	
NATIONALITY	
ETHNIC GROUP	
GENDER	
RELIGION	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
	POSTAL CODE
E-MAIL ADDRESS	
CELL PHONE NUMBER	
OCCUPATION INFORMATION	
OCCUPATION STATUS	
OCCUPATION	
EMPLOYER	
EMPLOYER PHYSICAL ADDRESS	
EMPLOYER PHONE NUMBER	
IS LEARNER LIVING WITH THIS PARENT?	
IF NOT, WHO DOES CHILD STAY WITH?	
IF UNEMPLOYED DO YOU RECEIVE A GRANT?	YES NO
Signed at _____ on this the _____ day of _____ Full name: _____ Signature: _____	

LEGAL GUARDIAN INFORMATION	
FULL NAMES	
SURNAME	
INITIALS	
MARITAL STATUS	
ID NUMBER / PASSPORT NUMBER	
NATIONALITY	
ETHNIC GROUP	
GENDER	
RELIGION	
HOME LANGUAGE	
RESIDENTIAL ADDRESS	
	POSTAL CODE
E-MAIL ADDRESS	
CELL PHONE NUMBER	
OCCUPATION INFORMATION	
OCCUPATION STATUS	
OCCUPATION	
EMPLOYER	
EMPLOYER PHYSICAL ADDRESS	
EMPLOYER PHONE NUMBER	
IS LEARNER LIVING WITH THIS PARENT?	
IF NOT, WHO DOES CHILD STAY WITH?	
IF UNEMPLOYED DO YOU RECEIVE A GRANT?	YES NO
Signed at _____ on this the _____ day of _____ Full name: _____ Signature: _____	

ACCOUNTABLE PERSONS' INFORMATION

Person(s) accountable for payment of school fees:

FATHER / LEGAL GUARDIAN

FULL NAMES	
SURNAME	
RELATION TO CHILD	
MARITAL STATUS	
ID NUMBER / PASSPORT NUMBER	
GENDER	
CELL PHONE NUMBER	
HOME PHONE NUMBER	
E-MAIL ADDRESS	
RESIDENTIAL ADDRESS	

MOTHER / LEGAL GUARDIAN

FULL NAMES	
SURNAME	
RELATION TO CHILD	
MARITAL STATUS	
ID NUMBER / PASSPORT NUMBER	
GENDER	
CELL PHONE NUMBER	
HOME PHONE NUMBER	
E-MAIL ADDRESS	
RESIDENTIAL ADDRESS	

School Fees Policy: Terms and Conditions

1. Please note that the payment of school fees is compulsory at our school. In terms of Section 39 of the South African Schools Act, you are liable to pay these fees. In terms of Section 40 of the same Act, we may enforce this payment by taking legal action. Parents who are unable to pay school fees may apply for subsidy.
2. Both parents / legal guardians are jointly liable to pay school fees.
3. Terms of payment: Annual fees are payable over 10 months (January to October).



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CONTRACT WITH SCHOOL: PAYMENT OF SCHOOL FEES

- We, parents/guardian hereby confirm that we have read and understand the School Fee Payment policy of Kabega Primary School and hereby accept the conditions thereof.
- We acknowledge that the payment of school fees at Kabega Primary is compulsory.
- We hereby confirm that we are in a financial position to pay the prescribed school fees.
- We hereby acknowledge that in the event of non-payment, action will be taken against BOTH parents regardless of any maintenance agreements which 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.

Signatures of person(s) responsible for the payment of school fees:

Mother:
Name: _____

Signature: _____

Father:
Name: _____

Signature: _____

Legal guardian
Name: _____

Signature: _____

Other:
Name: _____

Signature: _____

BANKING DETAILS: STANDARD BANK

Cheque Account : 080389775

Branch Code : 050017

ACCOUNT NAME : LAERSKOOL KABEGA SKOOLFONDS

REFERENCE: Learner's name and surname

SCHOOL FEES E-MAIL: schoolfees@kabegaprimary.co.za

CONTRACT WITH SCHOOL

- I, parent/guardian, hereby give permission that my child may participate in all academic sport and cultural activities presented by the school.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of medical and/or hospital fees if enforced upon, in case of an injury.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
- I undertake to support my child to obey the school Code of Conduct and the disciplinary system of Kabega Primary School.
- I undertake to inform Kabega Primary School if any of the above information changes.

Please select one of the options below:

I hereby confirm that Kabega Primary School **IS ALLOWED** to use imagery of my child on the school's Facebook page, Website, or send to news publications.

YES

OR

I hereby confirm that Kabega Primary School **IS NOT ALLOWED** to use imagery of my child on the school's Facebook page, Website, or send to news publications.

NO

Signed at _____ on this the _____ day of _____

Full name: _____ Signature: _____



KABEGA PRIMARY SCHOOL

C/O BRABANT AND VAN DER STEL STREET * KABEGA PARK

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TESTIMONIAL / CONDUCT

(THIS FORM MUST BE COMPLETED BY THE CLASS TEACHER)

One of your school's learners has applied for admission to Kabega Primary School. The evaluation on this form is an important part of the interview process and will be **CONFIDENTIAL**.
Completed forms may be handed to the parents in a sealed envelope or emailed to the school.

NAME OF LEARNER: APPLYING FOR GR

CURRENT SCHOOL: PRESENT GRADE: SCHOOL TEL:

1. **SKILLS** Please place the learner on a scale from 1-4 in terms of the following: (where applicable)

4 = excellent

3 = good

2 = average

1 = weak

WORK SKILLS		SOCIAL SKILLS	
General attitude towards school work		Sense of responsibility	
Following instructions		Self-control	
Completion of tasks		Behaviour	
Listening skills		Courtesy	
Aptitude for Maths		Respect for others	
Reading ability		Leadership abilities	
Concentration		Participation in sport/cultural activities	

2. GENERAL

Parent Involvement:

Commitment to financial responsibility:

Attendance record:

Poor

Good

Extra-mural activities:

Other comments:

.....

Principal's signature:

Date:

School stamp