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WWW.spaceages.co.za

REGISTERED WITH GDE

ADMISSION AND REGISTRATION FOR 2022

PLEASE INDICATE WHERE/HOW YOU HEARD OF US? FACEBOOK, ADVERTS, FLYERS,					ERS,		
BANNERS, OTHER?		-01-30		-01-10-	 	 	

ADMISSION NO	LEARNER DETAILS		DATE ADMITTED		
	NAME	GRADE	DATE	SIGN	

1. COMPULSORY SECTION 1 TO 3 TO BE COMPLETED BY THE PARENT/ GUARDIAN

1.1. PARTICULARS OF PARENTS/ GUARDIAN AND NEXT OF KIN AS PER ID/ PASSPORT

	Father's details	Mother's details
	Surname	Surname
	1 st name	1 st name
	ID number	ID number
	Employer	Employer
	Cell number	Cell number
X in	Landline (H)	Landline (H)
Parent; Guardian Next of Kin	Landline (W)	Landline (W)
Nex	Email	Email
an		
ard	Guardian's details	Next of Kin's details
) One	Surname	Surname
nt;	1 st name	1 st name
are	ID number	ID number
-	Employer	Employer
	Cell number	Cell number
	Landline (H)	Landline (H)
	Landline (W)	Landline (W)
	Email	Email

SS	Physical address	Work address	
Address	City	City	
Ad	Code	Company name	
	Province	Province	
		•	
ts	Hospital	Counsellor	
ıtac	Landline No	Landline No	
cor	Doctor	Choose 2	1.
Health contacts	Cell No	codes of sport	2.
Ŧ	Landline No		
Office	Existing Learner No		
0	Admin No		

1.2. PARTICULARS OF LEARNER AS PER ID/ PASSPORT

	Surname					1 st name				
	2 nd name					Gender	Male	Female	Grade/ div	
<u>s</u>	ID No					DOB			Age	
detai	Past School					Grade			Report	
	Race	African	White	Coloured	Indian	Other			African	Christian
rne	Languaga	English	Sepedi	Tsonga	Swati	Ndebele	Venda	Religion	Hindu	Muslim
Learner	Language	Afrikaans	Sesotho	Tswana	IsiZulu	Xhosa	Other		Judaism	Other
	Date of registration			Transport	Bus	Taxi	Walk	Car	Train	Other
	Cell phone					Home Land	lline			

1.3. INFORMATION OF PERSON RESPONSIBLE FOR PAYING SCHOOL FEES AND OTHER AMOUNTS							
First name	Surname						
Id/passport number	Cellphone number						
Home number	Work number						
Employer	Work address						

1.4. COMPULSORY DOCUMENTS REQUIRED FROM PERSON PAYING SCHOOL FEES	TICK
1. Certified copy of ID/Passport	
2. Proof of residence	
3. Letter stating that he/she is responsible for payment of the child's school fees	
4. Proof of employment	
5. Telephone No	
6. Copy of bank statement	

1.5. IF SELF EMPLOYED PARENTS TO PRESENT THE FOLLOWING DOCUMENTS	TICK
1. Certified copy of ID/Passport	
2. Proof of residence	
3. Proof of where business is operated from	
4. A copy of the bank statement	
5. Letter stating that he/she is responsible for payment of the child's school fees	
6. Cell no.	
5. Work/Home Telephone No	

2. SCHOOL FEES (SF) AND REGISTRATION FEES (RF)

2. 1. INFORMATION FOR PARENTS AND GUARDIANS						
			Tick			
1. Parents qualify for a	10% discount on school fees paid	in full upon registration or by 31st January				
2. Parents with more th	nan one child will qualify for a 5% d	iscount off SFon the 2 nd and additional children.				
3. Monthly school fees	must be paid by the 7 th of every me	onth. Action will be taken if not paid by the 7 th .				
4. Fax or email EFT &	bank deposits to:reception@space	ages.co.za /accounts@spaceages.co.za				
5. Cash paid at school	will incur a charge of R100 for ban	k deposit fee (Bank charges).				
6. Speed point is availa	able at school for convenience.					
7. Make school fees payment via bank deposit, speed point or EFT.						
8. Incorrect payment re	eferences will remain in unallocated	accounts until proof of payment is submitted				
9. The school banking	details are shown below.					
	SCHOOL BANKING ACC	COUNT DETAILS				
Name of bank:	ABSA	NB. THE REFERENCE ON THE BANK DEPOSIT				
Name of account						
Cheque account no 4080464365 NAME, FOLLOWED BY SURNAME AND GRADE AND NOT THE PARENTS NAME						
Branch code	632005	AND NOT THE PARENTS NAME				
Branch	Lenasia					

2.2. SCHOOL FEES AND REGISTRATION CALCULATIONS PER LEARNER

School fees are payable over 10 months, commencing 01 January to 31 October or payable in full on registration.

GRADE	TOTAL DUE	PAYABLE 10 MONTHS	PAYABLE IN FULL (WITH 10% DISCOUNT)	CALCULATE AMOUNT PAID PER LEARNER
R-6	R13 500	R1 350 pm	R12 150	
7-9	R15 000	R1 500 pm	R13 500	
10-12	R18 500	R1 850 pm	R16 650	
REGISTRATION FEE		ONCE OFF	R600 PER NEW LEARNER	
TOTA	L PAID			

2.3. AFFORDABILITY SURVEY ON FINANCIAL POSITION OF PARENTS (CONFIDENTIAL)

1. Please indicate your combined gross salary/ income (grant/pension, etc.) **per month** (husband + wife + other income) as shown in the appropriate column. This will indicate whether you can afford to pay the school fees.

NO	GROSS SALARY A	GROSS SALARY AS PER ADVICE SLIP		TOTAL	TOTAL
	HUSBAND/GUARDIAN	WIFE/GUARDIAN	INCOME	INCOME P.M.	INCOME P.A
-					

2.4. INDICATE NUMBER OF CHILDREN AT SCHOOL BY COMPLETING TABLE BELOW

NO	NAME OF LEARNER	GR/DIV	NO	NAME OF LEARNER	GR/DIV
01			04		
02			05		
03			06		

2.5. HEALTH PARTICULARS OF LEARNER'S				
1. State any previous/ current illnesses:				
2.1. Has the learner been immunized against?				
(a) Tuberculosis (Yes/No) (b) Poliomyelitis (Yes/No) (c) Lockjaw & Diphtheria (Yes/No)				
2.2. If not, approval is hereby given for the immunisation of my child/ward against:				
(a) Tuberculosis (Yes/No) (b) Poliomyelitis (Yes/No) (c) Lockjaw & Diphtheria (Yes/No)				
Contact person if parent/guardian is not available in case of emergency:				
Name	Telephone/ cell	Felephone/ cell Relationship		
Training .	1010011011011011	- Troiding in the second secon	TO GOLD TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	
NB. Pupils with a health problem will be exempted from sport on submission of a medical certificate.				
2.6. PROOF OF LEARNER DOCUMENTS RECEIVED				
NO DESCRIPTION OF DOCUMENTS			TICK	
1 ID of learner			THUIL THE	
2 Learner report card				
3 Learner transfer card				
4 Immunization card of learner				
5 Medical condition				
6 Testimonial from previous school				
7 Transport arrangements 8 Report from previous school				
6 Report from previous school				
DECLARATION BY PARENT/GUARDIAN OF ADMISSION AND PAYMENT OF SCHOOL FEES				
I/ We acknowledge that we have read and agree to abide by and implement the following school policies, rules, procedures, and regulations.				
I (full name of parent/guardian) hereby declare that:				
1. The information submitted in this application form is true and correct.				
2. I undertake to abide by and comply with the requirements of Space Age Independent School.				
Name of parent	Name of learner			
Physical Address				
Phone No	Work phone			
Work address				
Alternate contact phone	Alternate contact	phone		
Date signed: Parent	Date signed: Lear	ner		
APPROVED BY BURSAR (MR. KUDZAI)		DATED		

EXECUTIVE PRINCIPAL: S. Naidoo PRINCIPAL: MR. F. MUKWAVAYA