



SPACE AGE INDEPENDENT SCHOOL

Promoting Economic Opportunities Through Education



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REGISTERED WITH GDE

NPO: 138-750

ADMISSION AND REGISTRATION FOR 2026

ADMISSION NO

NAME OF LEARNER

FIRST NAME & SURNAME	GRADE

DATE REGISTERED

DATE	SIGNATURE

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

Parent, Guardian & Next of Kin	Father's details		Mother's details	
	Surname		Surname	
	1 st name		1 st name	
	ID or passport number		ID or passport number	
	Cell number		Cell number	
	Landline (Home)		Landline (Home)	
	Email		Email	
	Employer		Employer	
	Landline (Work)		Landline (Work)	
	Guardian's details		Next of Kin details	
	Surname		Surname	
	1 st name		1 st name	
	ID or passport number		ID or passport number	
	Cell number		Cell number	
	Landline (Home)		Landline (Home)	
	Email		Email	
	Employer		Employer	
	Landline (Work)		Landline (Work)	

Address	Full home address		Full work address	
	City		City	
	Code		Company name	
	Province		Province	

Health contacts	Hospital		Counsellor	
	Landline No		Landline No	
	Doctor		Choose 2 codes of sport	1.
	Cell No			2.
	Landline No			
Office	Existing Learner No			
	Admin No			

1.2. PARTICULARS OF LEARNER AS PER ID/ PASSPORT

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

1.3. PARTICULARS 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 & Cell phone number	
6. Copy of latest 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 latest bank statement	
5. Letter stating that he/she is responsible for payment of the child's school fees	
6. Cell phone no.	
5. Work/Home Telephone No	

2. SCHOOL FEES (SF), REGISTRATION & SCHOOL DIARIES

2. 1. INFORMATION FOR PARENTS AND GUARDIANS

1. Parents qualify for a 10% discount on school fees if paid in full upon registration or by 31st January
2. Parents with more than one child will qualify for a 5% discount on the 2nd and additional children
3. Monthly school fees must be paid by the 7th of every month. Action will be taken if not paid by the 7th e.g. fees for February MUST be paid by the 7th of February
4. Email EFT & bank deposits to: accounts@spaceages.co.za
5. School fees cash paid at school will incur a charge of R120 for bank deposit fee (Bank charges). N.B. cash payments will only reflect on the school fees statement on the date the cash is deposited into the school bank account, not the date of receipt
6. Make school fees payment via ATM deposit, speed point or EFT to avoid the R120 bank charges
7. Incorrect payment references will remain in an unallocated account until proof of payment is submitted
8. The school reserves the right to hand over details of defaulters to a debt collecting agency. Should there be any queries in this regard, please contact luvenia@spaceages.co.za or jessica@spaceages.co.za
9. The school banking details are shown below:

SCHOOL BANKING ACCOUNT DETAILS

Name of bank	ABSA	NB. THE REFERENCE MUST BE: LEARNER'S NAME, SURNAME AND GRADE! E.G. PETER SMITH 7 OR 7 PETER SMITH DO NOT USE THE PARENTS NAME or CELL NUMBER AS THE REFERENCE.
Account holder	Space Age Independent School	
Cheque account	4080464365	
Branch code	632005	
Branch	Fourways	

2.2. SCHOOL FEES, REGISTRATION FEES, DIARIES & ACADEMIC SUCCESS PLANNER FOR 2025

School fees are payable over 10 months or payable in full on registration. Should your child start any time from March, fees will be collected till December. School fees must be paid by the 7th of every month for that month.

GRADE	TOTAL DUE	PAYABLE 10 MONTHS	PAYABLE IN FULL (WITH 10% DISCOUNT)	CALCULATE AMOUNT PAID PER LEARNER
R	R7 000	R 700 pm	R 6 300	
1-6	R15 000	R1 500 pm	R13 500	
7-9	R17 000	R1 700 pm	R15 300	
10-12	R20 000	R2 000 pm	R18 000	
REGISTRATION FEE PER LEARNER		ONCE OFF	R1000	

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 AS PER ADVICE SLIP		OTHER INCOME	TOTAL INCOME P.M.	TOTAL INCOME P. A
	HUSBAND/GUARDIAN	WIFE/GUARDIAN			

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)

3. Contact person if parent/guardian is not available in case of emergency:

Name	Telephone/ cell	Relationship

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	
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	

2.7. 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 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			
Cell number		Work phone	
Work address			
Alternate contact phone		Alternate contact phone	
Date signed: Parent		Date signed: Learner	

Space Age Independent School

2.8. PROTECTION OF PERSONAL INFORMATION ACT (POPI)

1. I/We consent for Space Age Independent school to collect, store and update personal information of me/us and the student.
2. I/We consent for Space Age Independent to provide the information to an authorised representative for lawful purposes only.
3. I/We give consent that the information provided be confirmed and updated where necessary by Space Age Independent School or the Schools' authorised representative.

Approved by full name: _____ Signature: _____

Date: _____

EXECUTIVE PRINCIPAL: *G. Naidoo*

PRINCIPAL: *J. MUKWAWA*