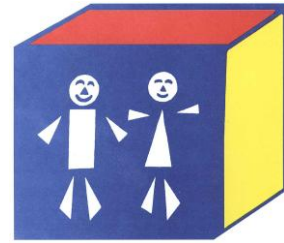

KABEGA PARK

Pre-Primêre Skool

Pre-Primary School



☎ 041 3608082

📠 041 3608082

🌐 www.kabegaprep.co.za

✉ kabegapreprimary@telkomsa.net

📘 [Kabega Park Pre-Primary School](#)

Tulbaghstraat 4 Tulbagh Street

✉ Posbus / P.O.Box 10226

Linton Grange

Port Elizabeth 6025

LEERDER INFORMASIE / LEARNER INFORMATION

NAAM / NAME

.....

VAN / SURNAME

.....

GESLAG / GENDER

.....

ADRES / ADDRESS

.....

GEBOORTEDATUM / DATE OF BIRTH

.....

OUER INFORMASIE / PARENT INFORMATION

VADER / FATHER

MOEDER / MOTHER

NAAM / NAME

.....

BEROEP / OCCUPATION

.....

BESIGHEIDSADRES /
BUSINESS ADDRESS

.....

TEL NR. (H)

.....

TEL NR. (W)

.....

SEL / CELL

.....

E-POS ADRES /
E-MAIL ADDRESS

.....

IDENTITEITSNOMMER /
IDENTITY NUMBER

.....

HUISTAAL /
HOME LANGUAGE

.....

KERKVERBAND /
RELIGION

.....

MEDIËSE PRAKTISYN /
MEDICAL PRACTITIONER

.....

TEL:

.....

MEDIËSE FONDS /
MEDICAL AID

.....

NR.:

.....

VERVOER SKOOL TOE / TRANSPORT TO SCHOOL

NAAM / NAME

.....

TEL. NR

.....

VERVOER VANAF SKOOL / TRANSPORT FROM SCHOOL

NAAM / NAME

.....

TEL. NR

.....

SPEELSKOOL BYGEWOON / PLAYSCHOOL ATTENDED

VERLEDE JAAR / LAST YEAR

.....

TEL. NR

.....

VORIGE JAAR / PREVIOUS YEAR

.....

TEL. NR

.....

ANDER KINDERS IN DIE GESIN / OTHER CHILDREN IN THE FAMILY

NAAM / NAME	SKOOL / SCHOOL	GR.	OUDERDOM / AGE
.....
.....

ANDER VOLWASSENES WAT GEKONTAK KAN WORD IN GEVAL VAN NOOD /

OTHER ADULTS TO BE CONTACTED IN CASE OF EMERGENCY?

NAAM / NAME

.....

TEL. NR

.....

.....

.....

ENIGE ALLERGIE?

ANY ALLERGIC REACTIONS?

.....

ENIGE ANDER INFORMASIE WAT U ONDER ONS AANDAG WIL BRING?

ANY INFORMATION THAT WE SHOULD KNOW?

.....

TOELATING WORD SOOS VOLG GEDOEN. (✓ asb. waar van toepassing)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1. Leerders uit die onmiddellike omgewing.
2. Leerders wie se ouers in die onmiddellike omgewing werk.
3. Leerders wie se broers en susters in Kabega Primêr is.
4. Leerders uit ander woonbuurte.

BRING ASB BEWYS VAN ADRES

ADMISSION WILL BE DONE AS FOLLOWS. (Please ✓ where applicable)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1. Learners from the immediate vicinity.
2. Learners who's parents work in the immediate vicinity.
3. Learners who's brothers and sisters are in Kabega Primary.
4. Learners from other suburbs.

PLEASE BRING PROOF OF ADDRESS

EK ONDERNEEM OM DIE FOOIE IN TIEN PAAIEMENTE VAN R930.00 (NEGEHONDERD EN DERTIG RAND)
ELK TE BETAAL EN OM 'N VOLLE MAAND KENNIS TE GEE VOORDAT EK MY KIND UIT DIE PRE-PRIMêRE
SKOOL NEEM OF 'N VOLLE MAAND SE FOOIE (R930.00) TE BETAAL IN PLAAS VAN KENNIS.

I UNDERTAKE TO PAY THE FEES IN TEN INSTALLMENTS OF R930.00 (NINE HUNDRED AND THIRTY RAND)
EACH AND TO GIVE ONE MONTH'S NOTICE BEFORE REMOVING MY CHILD FROM THE PRE-PRIMARY
SCHOOL OR A FULL MONTH'S FEES (R930.00) IN LIEU OF NOTICE.

DATUM / DATE

GETEKEN / SIGNED

