



Bizweni

Pre-Primary & Daycare

Email: admin@bizweniprimaryschool.co.za

Telephone: 021 851 2048

Bizweni Campus, Bizweni Avenue
Somerset West, 7130

www.bizwenipreprimary.co.za

Dear Parents,

Thank you for expressing interest in placing your child in our school. We look forward to getting to know your little one, as well as your family better and becoming a stepping stone in their schooling journey.

Please complete the attached application form and include the following documents when submitting it to the school (hard/soft copies acceptable):

1. Application Form (signed)
2. A certified copy of your child's birth certificate
3. A certified copy of your child's clinic card
4. A certified copy of both parent's identity documents
5. A small, recent photo of the learner
6. Proof of address
7. Report card (If the child has attended a school previously, a copy of their last report card received.)

These documents are required by the Department of Social Development and the Department of Education. We also require this information in case of an emergency. Please make sure that if any important information changes, that you update the school office.

Thank you for your application! Should you have any queries, please do not hesitate to call the school office at 021 851 2048 or send us an email at

admin@bizweniprimaryschool.co.za.

Kind regards

The Bizweni Team



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2025 Fee Structure

Please see the below fee structure for the various ages/grades. These are the fees set for 2025. Meals are included in the school fees and the aftercare cost is indicated below.

Registration Fee:	R500 once off fee.			
Stationery Fee:	R500 annual fee towards classroom stationery.			
Meals Included:	Breakfast and lunch. Please pack a small snack for the mid-morning break.			
Ages:	Fees:	Food:	Aftercare	Full Day Total:
2-3 years	R3500.00	Included	R750.00	R4250
3-4 years	R3200.00	Included	R750.00	R3950
4-5 years (Grade RR)	R3200.00	Included	R750.00	R3950

Half Day Hours: 07:00 – 13:00 (Monday to Friday)

Aftercare Hours: 13:00 – 17:30 (Monday to Friday)

Policy on the Payment of Fees:

Please read through the following important information carefully:

1. Any matters related to school fees are handled by the Board of Directors of Bizweni Pre-Primary School. School fees are part of a contractual agreement signed by parents when completing the application form.
2. The school fees for the year are paid in monthly instalments over 12 months (January to December).
3. Invoices and statements will be sent to parents on a monthly basis.
4. All fees are payable in **advance**, at the beginning of the month and must reflect in the account before the 3rd of each month.
5. Fees received after the 3rd of each month will start to accrue interest.
6. If fees are in arrears of two months, the child will be required to stay at home until the outstanding amount has been settled in full. If these fees are still not paid, the account will be handed over to the debt collectors.

7. Please note that a full month's written notice needs to be given before leaving the school. This needs to be sent to the following email address:
principal@bizweniprimaryschool.co.za.
8. Any initial payments must be made with a reference using your child's name and surname, A unique code will be allocated to you once you have been loaded on our data base which you must then use for all subsequent payments.
Payments are made to Bizweni Primary School as the account is in the official business name and the Pre-School is a department of the Primary School.

Banking Details:

Account Name: Bizweni Primary School

Account Number: 4105836500

Type of Account: Current Account

Branch Code: 632005

Please complete:

I, _____ (parent's name), parent of _____ (child's name), hereby note that we understand that all fees are payable in advance (beginning of the month) and over a twelve month period (January to December). I note that if fees are paid after the 3rd of the month, that the account will accrue interest.

I accept that whilst every effort will be made for the safety and care of my child, that I will not hold anyone responsible – either owners or employees of Bizweni Pre-/Primary School – in the event of an accident or injury to my child. I accept that the school cannot be held responsible for the children's clothing or property brought to school. I will meet the financial obligations to Bizweni Primary School when due and understand that one calendar months' notice is due should I wish to withdraw my child. I hereby declare that I have read the full contents of this contract and accept and agree with its stipulations.

Signed: _____ (Parent 1)

Signed: _____ (Parent 2)

Date: _____

Office Administrator's Signature: _____ (for office use only).

When completing the attached application documents, please fill in your child's age instead of Grade.



Bizweni Primary School

Physical Address: Bizweni Campus, Bizweni Avenue
Somerset West Cape town Western Cape South Africa

Postal Address: PO Box 1601 Somerset West Cape town
Western Cape South Africa 7129

School Phone: +27 21 851 2048

School Fax:

Email Address: admin@bizweniprimaryschool.co.za

School Mobile:

Admission Application

Learner Information:			
Grade Application:		Highest Grade Achieved:	
For Grade 1 Applicants only		Specify Pre-primary Education:	Formal: <input type="checkbox"/> Non-Formal: <input type="checkbox"/> None: <input type="checkbox"/>
Surname:			
Name:			
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>	DD: <input type="text"/> <input type="text"/>
Country:			
Citizenship:			
Identity Number:			
Passport Number:			
Physical Address:			
.....			
.....			
Province:			
Country:			
	Postal Code:		
Distance From Home To School:	<input type="checkbox"/> 0 - 5 km	<input type="checkbox"/> 5 - 10 km	<input type="checkbox"/> 10 - 20 km
Home Phone:			
Alternative Phone:			
Mobile Telephone:			
Email Address:			
Name of previous School:			
Physical Address:			
.....			
.....			
Province:			
Country:			
	Postal Code:		
Medical Aid Name:			
Aid Main Member:			
Medical Aid Number:			
Medical Condition:			
Special problems requiring Counselling:			
Number of children in family:	<input type="text"/>	Position of child in family:	<input type="text"/>
Number of other Children in the School:	<input type="text"/>		



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Specify details of other children in the school:			
Name:		Grade:	Class: Position:
Name:		Grade:	Class: Position:
Name:		Grade:	Class: Position:
Marital status of parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Widower	<input type="checkbox"/> Widow
After school care:	<input type="checkbox"/> After School Center	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother
	<input type="checkbox"/> Domestic Worker	<input type="checkbox"/> Friend	<input type="checkbox"/> Family <input type="checkbox"/> None <input type="checkbox"/> Other
Primary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	
Physical Address:		Postal Address:	Same as Physical Address?: <input type="checkbox"/>
.....			
.....			
Province:		Province:	
Country:		Country:	
	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	
Secondary Guardian Details:			
Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Language:	
Passport Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Language:	



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.....																						
.....																						
.....																						
Province:											Province:											
Country:											Country:											
										Postal Code:												
Stays in the area (Within 10km)										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
Occupation:											Work Address:											
Employer:											Email Address:											
Home Phone:											Work Telephone											
Mobile Telephone:											Relationship to Learner:											
Alternative Contact Details:																						
Name and Surname:										Contact Number:												
Relationship:																						
Physical Address:										Postal Address:												
.....																					
.....																					
.....																					
Province:											Province:											
Country:											Country:											
										Postal Code:												
Home Phone:										Mobile Telephone:												
Alternative Phone:										Email Address:												
Account Holder Details:																						
Account Holder:					Primary Guardian: <input type="checkbox"/>					Secondary Guardian: <input type="checkbox"/>					Other/Company: <input type="checkbox"/>							
Debit Order:					Yes: <input type="checkbox"/>					No: <input type="checkbox"/>												
Payment Agreement:					Monthly: <input type="checkbox"/>					By Term: <input type="checkbox"/>					Annually: <input type="checkbox"/>					AdHoc: <input type="checkbox"/>		
EFT:					Yes: <input type="checkbox"/>					No: <input type="checkbox"/>												
Account Holder:										Account Number:												
Bank Name:										Branch Code:												
Amount:										Action Day:												



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Physical Address:		Postal Address:	Same as Physical Address?:
Province:		Province:	
Country:		Country:	
	Postal Code:		Postal Code:

By submitting my personal information via this form, I provide consent for Bizweni Primary School to use my information for the Admission Application and whilst enrolled at Bizweni Primary School. Consent

Bizweni Primary School respects the privacy of your personal information and will not share it with any other party. Please visit our Privacy Notice on our website. www.bizweniprimaryschool.co.za

Signature of applicant (Father): _____ Signature of applicant (Mother): _____

If the learner is accepted, the following documents must be submitted to the school

1. Copy of Immunisation Records	Y	N	2. Copy of Birth Certificate	Y	N
3. Progress Report from previous school	Y	N	4. Transfer Letter from previous school	Y	N
5. Copy of ID - Father	Y	N	6. Copy of ID - Mother	Y	N
7. Proof of address	Y	N	8. Proof of address	Y	N

For office use:

Waiting list and No.:		Class Placed:	
Reason:		Date Accepted:	
Signature Clerk:		Admission Number:	
Date:		Outstanding Documents:	