



## APPLICATION FOR ADMISSION

Please complete all sections in black pen

## PUPIL DETAILS

Surname: \_\_\_\_\_ Name: \_\_\_\_\_  
ID No: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: *Male / Female* Grade to enter: \_\_\_\_\_  
Year to enter: \_\_\_\_\_ Child's Cell No: \_\_\_\_\_  
Child's e-mail: \_\_\_\_\_  
Home Language: \_\_\_\_\_ Faith: \_\_\_\_\_  
Child's position amongst siblings: (i.e. 1<sup>st</sup> Child, 2<sup>nd</sup> Child etc.) \_\_\_\_\_  
Current siblings at Grace College: \_\_\_\_\_

## CURRENT SCHOOL DETAILS

Name of School: \_\_\_\_\_  
Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Headmaster's Name: \_\_\_\_\_  
Reasons for leaving: (Please circle) Completed Gr 7 / Relocating / Finances / Other  
If you answered 'other', please give details: \_\_\_\_\_  
\_\_\_\_\_  
Are your fees at your current school up-to-date? \_\_\_\_\_

## PREVIOUS SCHOOL/S ATTENDED

1. Name of School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. Name of School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

*Grace College abides by the ISASA Code of Ethical Practice, whereby we correspond with the current/previous school prior to acceptance.*

## INTERESTS/ACHIEVEMENTS

Academic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural:** Please tick the relevant fields

Cultural Activity	Indicate special achievements relating to the listed activities
Chess	
Choir	
Debating	
Drama	
General Knowledge	
Journalism	
Music	
Photography	
Other	

**Sports:** Please tick the relevant fields

Sport	Provincial	Regional	1 <sup>st</sup> Team	2 <sup>nd</sup> Team	Other
Athletics					
Basketball					
Cross Country					
Hockey					
Cricket					
Netball					
Mountain Biking					
Rugby					
Soccer					
Squash					
Swimming					
Other					

\*Please attach relevant documentation of Provincial/Regional achievements

**GENERAL**

**How did you hear about Grace College?** (Please tick the relevant option)

Word of mouth	Website	Newspaper	School Visit	EXPO
Other:				

**Reasons for selecting Grace College** (Please tick the relevant options)

Academics	Sport	Christian Ethos	Close to home
Affordable fees	Co-ed	IEB Curriculum	Day School
Other:			

**Has your child experienced learning difficulties? If yes, please describe:**

Current intervention (i.e. Speech Therapy, Remediation, Medication): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a medical problem/disability/physical handicap that we need to be aware of? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** (Please complete in full)

- **Parents' Marital Status:** Married/Single/Divorced/Separated/Widowed/Re-married
- **If divorced or separated:** Who is the applicant residing with? \_\_\_\_\_
- **Are you a Past Pupil?** Yes/No      **Who?** Father/Mother      **Matriculation Year** \_\_\_\_\_

**FATHER/GUARDIAN DETAILS** (Please indicate if Guardian)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

ID No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Work No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address (Phys): \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

**MOTHER/GUARDIAN DETAILS** (Please indicate if Guardian)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

ID No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Work No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address (Phys): \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Alternative address/e-mail for reports & correspondence (where parents are divorced/separated)

\_\_\_\_\_

The applicant hereby gives consent for Grace College to conduct any credit bureau searches it deems necessary on any signatory hereto, to manage accounts, and to satisfy itself that parents can afford the fees charged and this information may be disclosed, should it be necessary, for collection of outstanding accounts. I/We hereby confirm that all the details provided are correct and undertake to inform the school immediately of any changes to the details included herein.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

Name of Trust/Company/CC etc. liable for account: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR APPLICATION (Please attach)

1. Application fee: R500 (payable on application) This fee is subject to change annually	
2. Copy of Birth Certificate	5. Copy of Therapist's report (where applicable)
3. Copy of latest report	6. Copy of Study Visa & Full unabridged Birth Cert (Immigrant)
4. Proof of residence	7. Letter from Trust/Company/3 <sup>rd</sup> Party if liable for fees

#### Banking details:

Beneficiary: Grace College  
Branch Name: Standard Bank Pietermaritzburg  
Branch Code: 057525  
Account Number: 052 112 101  
Reference: Child's Name & Surname and year of entry

Please return this application either:

By Hand OR

By Post: P.O Box 647, Hilton, 3245 OR

By Fax: (033) 343 4834 OR

By e-mail to: [marketing@gracecollege.co.za](mailto:marketing@gracecollege.co.za)

If faxed or e-mailed, and the form is illegible, we will request that the original form is submitted by the time your child starts schooling at Grace College.