



GRACE COLLEGE

Transforming Young Adults Through Innovative Educational Excellence

APPLICATION FOR ADMISSION

Please complete all sections in black pen

Co-ed Day School | IEB Curriculum | Grades 8-12 | Christian Ethos

2 Hilton College Road, HILTON, KwaZulu-Natal, 3245

033 343 2177



ISASA Member of the Independent Schools Association of South Africa

Sept 2020

PUPIL DETAILS

Surname: _____ Name: _____

Preferred Name: _____ Date of Birth: _____ Age: _____

ID No: _____ Citizenship: _____

Gender: Male Female Grade to enter: ____ Year to enter: _____

Home Language: _____ Faith: _____

Child's position amongst siblings: e.g. 1(2) [1st child of 2] or 2(3) [2nd child of 3] _____

Current siblings at Grace College: _____

Previous siblings at Grace College: _____

CURRENT SCHOOL DETAILS

Name of School: _____

Tel No: _____ email: _____

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? YES NO

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 request a Pupil Profile & a Financial Clearance Certificate from the applicant's 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	
Music	
Photography	
Other	

Sports: Please tick the relevant fields

Sport	Provincial*	Regional*	1 st Team	2 nd Team	Other
Athletics					
Basketball					
Cross Country					
Hockey					
Cricket					
Netball					
Rugby					
Soccer					
Squash					
Swimming					
Tennis					
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): _____

(Please attach any reports / assessments you may have from Doctors / Therapists)

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 Grace College pupil?** Yes No
- **Who?** Father Mother **Matriculation Year** _____

FATHER / GUARDIAN DETAILS

(Please indicate if Guardian)

Title: Mr / Dr / Prof /.....

Surname: _____

First Name: _____

ID No: _____

Occupation: _____

Cell No: _____

Home No: _____

Work No: _____

email: _____

Employer: _____

Work Address (Physical): _____

_____ Code: _____

Residential Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

MOTHER / GUARDIAN DETAILS

(Please indicate if Guardian)

Title: Miss / Mrs / Ms / Dr / Prof

Surname: _____

First Name: _____

ID No: _____

Occupation: _____

Cell No: _____

Home No: _____

Work No: _____

email: _____

Employer: _____

Work Address (Physical): _____

_____ 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 credit information to be obtained, which will be used to manage accounts, and 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 these details included herein. **I / We also confirm that I am / we are aware of the current annual school fees / levies payable at Grace College* and that I / we have the option to either pay annually by 28 February at the latest, or monthly by debit order over 10 consecutive months from 15 January.**

Signature of Father / Guardian

Signature of Mother / Guardian

Date: _____

REQUIREMENTS FOR APPLICATION (Please attach)

1. Proof of Payment of Application fee: R600
2. Copy of Birth Certificate
3. Copy of latest Year-End Report
4. Proof of residence (not older than 3 months)

And, where applicable:

5. Copy of Therapist's report
6. Copy of Study Visa & Full unabridged Birth Cert (Immigrants only)
7. Letter from Trust / Company / 3rd 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 & year of entry

Please return this application either:

By e-mail to: enrol@gracecollege.co.za

or

By Hand

or

By Fax: 086 4066 504

If faxed or e-mailed, and the form is illegible, we will request that the original form is submitted before we can proceed with processing your child's application.

If your child is offered a place at Grace College, a non-refundable Acceptance Fee of R 4 000 is payable to secure their place.

*This information is available on our website: <https://gracecollege.co.za/join-us/school-fee-structure>