



Transforming Young Adults **The Grace Way**

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

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: _____

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 School Fees at your child's current school paid up to date? YES NO

PREVIOUS SCHOOL/S ATTENDED

1. Name of School _____ from _____ to _____

2. Name of School _____ from _____ to _____

3. Name of School _____ from _____ to _____

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	School Expo	Other
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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 (Explain):			

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

Current intervention (i.e. Speech Therapy, Remediation, Medication etc.): _____

* 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 living with? _____
- **Are you a past pupil of GRACE COLLEGE?** Yes No
If yes who? Father Mother **Matriculation Year at Grace College :** _____

FATHER / GUARDIAN DETAILS

(Please indicate if Guardian)

Title: Mr / Dr / Prof /Other:

Surname: _____

First Name: _____

Date of Birth: _____

ID No: _____

Cell No: _____

Home No: _____

Work No: _____

email: _____

Residential Address: _____

Code: _____

Postal Address: _____

Code: _____

Occupation: _____

Employer: _____

Work Address (Physical): _____

Postal Code: _____

MOTHER / GUARDIAN DETAILS

(Please indicate if Guardian)

Title: Miss /Mrs /Ms /Dr /Prof/ Other:

Surname: _____

First Name: _____

Date of Birth: _____

ID No: _____

Cell No: _____

Home No: _____

Work No: _____

email: _____

Residential Address: _____

Code: _____

Postal Address: _____

Code: _____

Occupation: _____

Employer: _____

Work Address (Physical): _____

Postal Code: _____

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

Please read the following carefully before signing:

1. Grace College abides by the ISASA Code of Ethical Practice, whereby we request a Pupil Profile and a Financial Clearance certificate from the learner's current / previous school prior to acceptance. By signing below, you are giving Grace College permission to proceed with this.
2. 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.
3. 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.
4. 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 submit with the Application Form))

1. A copy of your child's Birth Certificate
2. A copy of their latest **Year-End** Report
3. A copy of your latest School Fee Statement
4. Proof of Payment of the Application fee: R600
5. Proof of your residence (not older than 3 months)

And, where applicable:

5. A copy of your child's latest Therapist's report
6. A copy of your child's Study Visa & Full unabridged Birth Cert (Immigrants only)
7. A letter from Trust / Company / 3rd Party, if liable for school 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 deliver by hand to Reception.

If e-mailed, and the form is illegible, we will request that the original form be 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>