

Transforming Young Adults The Grace Way

APPLICATION FOR ADMISSION

Please complete all sections in black pen

PUPIL DETAILS

Preferred Name: Date	e of Birth:	Age:
Gender: □ Female □ Male Grade to enter	:: Year to	enter:
ID No: Nation	nality:	
Does the Learner require a study Permit? Y	ES □ NO □	
Home Language:	Faith:	
Current / previous siblings at Grace College: _		
CURRENT SCHOOL DETAILS:		
Name of School:		
Tel No: email		
Headmaster's Name:		
Reasons for leaving: (Please circle) Completed		
If you answered 'other', please give details: _		
Are Cohool Esse of your shild's surrent sohe		
Are School Fees at your child's current school	ol paid up to date?	YES □ NO □
_	ol paid up to date?	YES NO
PREVIOUS SCHOOL/S ATTENDED		
_		YES □ NO □ to
PREVIOUS SCHOOL/S ATTENDED	from	to
PREVIOUS SCHOOL/S ATTENDED 1. Name of School	from from	to to
PREVIOUS SCHOOL/S ATTENDED 1. Name of School 2. Name of School	from from	to to
PREVIOUS SCHOOL/S ATTENDED 1. Name of School 2. Name of School 3. Name of School	from from	to to
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PREVIOUS SCHOOL/S ATTENDED 1. Name of School 2. Name of School 3. Name of School INTERESTS / ACHIEVEMENTS Academic: • •	fromfromfrom	to to to

Cultural:	Dloggo	tick tho	rolovan	t fiolds
Cultural.	Please	TICK THE	reievan	t tielas

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 Therapists / Doctors		
Does your child have any medical condition / disability / physical handicap that we need to be aware of? If yes, please describe:		



PARENT / GUARDIAN INFORMATION

(Please complete ALL fields)

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 :	
DETAILS: FATHER / GUARDIAN*	DETAILS: MOTHER / GUARDIAN*	
*Please indicate relationship to child)	(Please indicate relationship to child)	
Fitle: Mr / Dr / Prof /Other:	Title: Miss /Mrs /Ms /Dr /Prof/ Other:	
Surname:	Surname:	
First Name:		
Nationality:		
Date of Birth:		
D No:		
Cell No:		
Home No:		
Vork No:		
email:		
Residential Address:		
Code:	Code:	
Postal Address:	Postal Address:	
Occupation:		
Employer:	Employer:	
Vork Address (Physical):		
Postal Code:		

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
- 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:	Date:

REQUIREMENTS FOR APPLICATION (Please submit with the Application Form):

- 1. A copy of your child's Birth Certificate
- A copy of their latest **Year-End** Report 2.
- A copy of your most recent School Fee Statement 3.
- 4. Proof of Payment of the Application fee: R600
- A copy of your latest Electricity Account 5.
- Copies of 3 latest Bank Statements for the person(s) responsible for paying school fees 6.

And, where applicable:

- 7. A copy of your child's latest Therapist's report
- A copy of your child's Study Visa & Full unabridged Birth Cert (Immigrants only) 8.
- A letter from Trust / Company / 3rd Party, if liable for school fees 9.

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 your child is offered a place at Grace College, a once off non-refundable Acceptance Fee of R 5 000.00 is payable to secure their place.

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

