



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: _____

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

ID No: _____ Nationality: _____

Does the Learner require a study Permit? YES ☐ NO ☐

Home Language: _____ Faith: _____

Current / previous siblings at Grace College: _____

CURRENT SCHOOL DETAILS:

Name of Current 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 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)

- **Parents' Marital Status:** Married / Widowed / Separated / Divorced / Single / Other
- **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*

*(*Please indicate relationship to child)*

Title: Mr / Dr / Prof /Other:

Surname: _____

First Name: _____

Nationality: _____

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: _____

DETAILS: MOTHER / GUARDIAN*

*(*Please indicate relationship to child)*

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

Surname: _____

First Name: _____

Nationality: _____

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: _____

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

Please read the following carefully before signing:



ISASA Member of the Independent Schools Association of South Africa

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 a Credit Check to be performed if deemed necessary, which will be used to manage accounts, and may be disclosed 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 together 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 most recent School Fee Statement
4. Proof of Payment of the Application fee: R600
5. A copy of your latest Municipal Account
6. Copies of 3 latest Bank Statements for the person(s) responsible for paying school fees
7. A copy of your monthly budget
8. A list of your primary assets.

And, where applicable:

9. A copy of your child's latest Therapist's report
10. A copy of your child's Study Visa & Full unabridged Birth Cert (Immigrants only)
11. 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 your child is offered a place at Grace College, a once off non-refundable Acceptance Fee of R 6 500.00 is payable to secure their place.

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

