



APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY: OUTCOME OF APPLICATION

Preferential acceptance:	
Accept:	
Waitlist:	
Unable to accept:	
Decision confirmed: Signature of Principal:	
Decision conveyed: Signature Admissions Secretary:	
Debtors no:	Admission no.:
Date admitted:	Grade: Teacher:

Application for admission into Grade:

Date for which admission is sought:

Mark with an X	1	2	3	4	5	6	7
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Details pertaining to academic performance. (NB: A copy of the latest academic report MUST accompany this application, failing which the application will not be able to be processed.)

Has the applicant previously repeated a Grade? Yes ☐ No ☐ If yes, which one? _____

SECTION A: Details concerning family/school 'preferential status'

Is applicant the son of an Old Grey? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state the following:	Father's name & Surname: _____ Year in which he finished at Grey _____
Is / was a brother of the applicant at Grey? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state the following:	Brother's name: _____ Brother's grade _____ or year left Grey _____

SECTION B: PUPIL INFORMATION

Surname:	
Initials:	
Full name:	
Name known by:	
Date of Birth:	
Race:	Black African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other _____
Citizenship of pupil:	RSA <input type="checkbox"/> Other <input type="checkbox"/>
If other, specify country:	
ID no:	
Province of Residence:	

CONTACT DETAILS OF LEARNER

Residential Address: (NB. Provide proof of residence by means of copy of a title deed or electricity account)	
Home tel. no:	
Father cell no:	
Mother cell no:	
Language most commonly used at home:	
Tuition Language:	ENG <input type="checkbox"/> AFR <input type="checkbox"/>
Number of children in the family? _____ Position in family eg. (First Child = 1) _____	
Deceased Parents:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/>
Religious faith of learner (eg. Christian, Muslim, Jewish, Hindu: please provide this for statistical purposes.)	

SECTION C : Details pertaining to extra-curricular interests where applicable:

Mention any leadership positions currently or previously held:	
Summer sport in which the applicant intends participating at GCB:	Highest team/best achievement to date:
Winter sport in which the applicant intends participating at GCB:	Highest team/best achievement to date:
Cultural activity in which the applicant intends participating at GCB:	Any notable achievement in this field:
Any other achievements or interests which you wish to bring to our attention (e.g. scouting, service activities, awards won):	
I/we give an undertaking that my/our son will play a full role in the various activities of the school, including participation in sport, cultural activities, service and general support.	

SECTION D: Previous or Current School information.

Pre-primary training received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous School:	
Previous School:	None <input type="checkbox"/> School in this province <input type="checkbox"/> School in other province <input type="checkbox"/> School in other country <input type="checkbox"/>
Name:	
Province / Country	
Address of School:	
Is this the first time enrolment in a school in the FREE STATE	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION E: Details pertaining to matters of health:

Does the applicant have any disability which could result in his classification as disabled? (This will NOT in the applicant's disqualification) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which disability? _____	
Applicant received vaccination / has been immunised against	polio: Yes /No smallpox Yes /No measles Yes /No tuberculosis Yes /No tetanus Yes /No hepatitis B Yes /No Bring copy of his Clinic Card
Are there any medical issues of which the school needs to know? Describe:	
Past or Present problems / therapy in	ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asperger <input type="checkbox"/> Occupational <input type="checkbox"/> Speech <input type="checkbox"/> Audiologist <input type="checkbox"/> Play Therapy <input type="checkbox"/> Remedial <input type="checkbox"/>
Is the learner Right handed <input type="checkbox"/> or Left handed? <input type="checkbox"/>	

SECTION F: Details pertaining to the learner's parents/ guardians: (A copy of both parents'/guardians' ID documents MUST accompany this application, failing which the application will not be able to beprocessed.)

Titel:	
Initials:	
Surname:	
Full name:	
Gender:	
Home Language:	
Race:(Please provide data, as it is required for equity purposes.)	Black African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other _____
ID no:	
Residential Address: (NB: provide proof of residence by means of copy of a title deed or electricity account)	

Postal address to which communications must be sent:	
Tel. (h):	
(w):	
Fax no:	
Cell no:	
Email:	
Occupation:	
Employer:	
Work Address:	
Relationship to learner:	
Marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Details of second Parent living at the same address.	
Surname:	
Full name:	
Occupation:	
ID no:	
Relationship to Learner:	
Marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Gender:	
Tel: (w)	
Cell no:	
Email:	
Details of second Parent NOT living at the same address.	
Title:	
Initials:	
Surname:	
Full name:	
Gender:	
Home Language:	
Race:(Please provide data, as it is required for equity purposes.)	Black African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other _____
ID no:	
Residential Address: (NB: provide proof of residence by means of copy of a title deed or electricity account)	
Postal address to which communications must be sent:	
Tel. (h):	
(w):	
Fax no:	
Cell no:	
Email:	
Occupation:	
Employer:	
Work Address:	
Relationship to learner:	
Marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>

SECTION G: Data pertaining to the payment of school fees.

Please note that Grey College Primary School is declared a FEE Paying School in terms of the relevant legislation, and that by enrolling your son at the school, you are accepting an obligation to contribute financially towards the education he receives.

I understand that **Grey College Primary is a fee paying school**, and I am willing and able to meet my obligations in this regards in full. Yes ☐ No ☐

I intend applying for a full or partial exemption to help me meet my obligations in this regard. Yes ☐ No ☐

Name the person responsible for payment of school fees.	Title:	Initials:	Surname:
Postal address of the person responsible for payment of school fees.			
Tel (h):		Cell:	
Tel (w):		Email:	

SECTION H: Declaration / undertakings by parents / guardian.

1. We have read and understood the statements and questions on this form. The information supplied by us, individually or together, is complete and true in every respect. If any of the supplied information is found to be incomplete, incorrect, untrue or misleading, the School may cancel any offer of a place and refuse to accept any future application in respect of the same applicant.
2. We undertake to accept and abide by the Code of Conduct of the School, and such rules and regulations as are put in place by the School or Governing Body from time to time. We accept further that the applicant will be under the disciplinary control of the school from the date on which he commences his studies at the school, to the date on which he is withdrawn from or leaves the school.
3. We accept that the school may:
 - 3.1 at its sole discretion, report to the parent , or guardian, any breaches of discipline by the applicant as it deems necessary / advisable.
 - 3.2 report to the same people on any matter concerning the progress, conduct, well-being or health of the applicant.
 - 3.3 take such steps as it deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.
4. As parents/guardians we jointly and severally accept responsibility for such school fees as are payable in terms of the law. Should we fail to meet this legal responsibility, and fall into arrears in terms of school school fee payments, we accept that we will be liable for the arrears PLUS collection commission and all costs of recovery, including fees charged by attorneys on the scale as agreed between attorney and client.
5. We accept liability for any damage to the school or school property caused by the applicant, howsoever it may occur.
6. Indemnity - See forms attached hereto.

Signature of parent / guardian:		Date:
Signature of second parent/guardian:		

SECTION I: Checklist (All signatures are essential. Attached documents must be certified copies of originals. No consideration can be done until the checklist below is complete. If the form has not been signed, it will not be processed.) PLEASE ✓

1. Have pages 1,2,3 and 4 of this form been completed?	
2. Have the applicant's parents / guardians signed the form?	
3. Has the applicant's most recent school report been included?	
4. Have copies of parents'/guardians' ID Documents been included?	
5. If the applicant is a SA citizen, has a copy of his Birth certificate been included?	
6. If the applicant is not a SA citizen, has a copy of his Passport or Study Permit been included?	
7. Have you entered the details of the person responsible for school fees?	
8. Have you all read and understood the declaration and undertakings in SECTION H ?	
9. Have you included an essay from the PARENT (about one page) on why you as parent would like your son at Grey College Primary.	