



Grace Academy

High School
Emis No: 500506900

Tel No: 031 065 1847 Address: 31 Tracy Watts Road Manors Pinetown
www.grace-academy.co.za
Email: admissions@grace-academy.co.za

APPLICATION FOR ADMISSION

Grade:
Year:

DOCUMENTS / INFORMATION REQUIRED

Copy of birth certificate/ID document		Completed and signed school fee clearance certificate from previous school	
Copy of study permit/asylum permit/refugee permit (if foreign)		Proof of household income/salary advise X 1 month	
Copy of learner's latest progress report		3X months latest bank statements	
Copy of learner's final progress report (once available)		Proof of residence	
Transfer document (once available)		Copy of medical aid (front and back if available)	
Application fee of R300 Bank Name: Standard bank Account No: 10258978579 Reference: Name and Surname		Two recent colour photos of the learner (ID size) (Please do not email these but submit at the school)	
Copy of parent's/legal guardian's ID document		Completed debit order form (if required)	
Learner Admission Contract (LAC) Compulsory		Proof of registration fee payment (non-refundable)	

A.) LEARNER'S DETAILS

Admission No (office use)	_____	Grade and class (applied for)	_____
Surname	_____	Home language	_____
First names (in full)	_____	Religion	_____
Name to be called	_____	Country of birth (if not SA)	_____
ID/Passport no.	_____	Ethnic group	Black Indian White Coloured Asian
Learner cell no.	_____	Signature - Father	_____
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Signature - Mother	_____

Means of transport to/from school: Motor vehicle Bus Taxi Walk

B.) LEARNER'S EDUCATIONAL DETAILS

Current school: _____ Previous school: _____
 Telephone no: (current school) _____ Telephone no: (previous school) _____
 Last grade passed: _____ Year: _____ Grade/s repeated: (if any) _____
 Has admission to any other school/s ever been refused? If yes, please state reason. _____
 Have you as parent/guardian been called to school for discipline issues? If yes, please state reason _____

C.) FAMILY DETAILS

Father / Guardian

Surname	_____	Title	_____	Initials	<input type="text"/> <input type="text"/>
First names	_____	ID/Passport number	_____		
Postal address	_____	Home address	_____		
	Postal code <input type="text"/> <input type="text"/> <input type="text"/>	Suburb & City	_____	Postal code	<input type="text"/> <input type="text"/> <input type="text"/>
Employer	_____	Phone: Home	_____		
Occupation	_____	Work	_____		
Public or Private sector	_____	Cell	_____		
Work address	_____	Email address	_____		
Suburb & City	_____	Relation to learner	_____		

Mother / Guardian

Surname	_____	Title	_____	Initials	<input type="text"/> <input type="text"/>
First names	_____	ID/Passport number	_____		
Postal address	_____	Home address	_____		
	Postal code <input type="text"/> <input type="text"/> <input type="text"/>	Suburb & City	_____	Postal code	<input type="text"/> <input type="text"/> <input type="text"/>
Employer	_____	Phone: Home	_____		
Occupation	_____	Work	_____		
Public or Private sector	_____	Cell	_____		
Work address	_____	Email address	_____		
Suburb & City	_____	Relation to learner	_____		

Initials

D.) PERSON RESPONSIBLE FOR ACCOUNT

Please note that parents will be held jointly and severally liable for the account, even if the account is paid by a third party / bursar.

Surname	_____	ID/Passport number	_____
First names	_____	Title	Initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation	_____	Home address	_____
Public or Private sector	_____	Suburb & City	_____
Postal address	_____	Postal code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work address	_____	Phone: Home	_____
Suburb & City	_____	Work	_____
		Cell	_____
		Email address	_____

E.) LEARNER MEDICAL INFORMATION (IF AVAILABLE)

Medical aid:	_____
Medical aid number:	_____
Main member name:	_____
Main member ID no:	_____
Main member postal address:	_____
	Postal code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Main member email address:	_____
Main member cell number:	_____
	Main member work number: _____

Signature: _____
Main Member of Medical Aid

Date: _____

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?

German measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	COVID -19	<input type="checkbox"/>

HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?

TB	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>

IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY

DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY

HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY

F.) DETAILS OF ANY OTHER CONTACT IN THE CASE OF AN EMERGENCY (OTHER THAN IN SECTION C AND D)

Surname: _____	Full names: _____
Relation to learner: _____	
Tel (h): _____	Tel (w): _____
Cell: _____	
Email address (please write legibly): _____	

Initials

G.) BROTHERS AND SISTERS

Name	Date of Birth	Age	Grade	Name of current School or Institution
1				
2				
3				

H.) MARITAL STATUS OF PARENTS

Married Divorced/Seperated Married but live apart If Divorced/Seperated - Children in custody of
 Widow Widower Single Mother Father or Both

I.) AGREEMENT BETWEEN ROYAL SCHOOLS AND THE UNDERSIGNED**Declaration and Undertaking**

I declare that the particulars furnished on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the school, and any amendments thereto, which may be applicable to students and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.

School Fees

I have taken note of the school fees as published on www.grace-academy.co.za and available from the school office. I have read, understood and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates, failing which I am aware that the account may be handed over to debt collectors and that I will be liable for the related costs. I am aware that my child(ren) will not be re-registered for the next year should I have an outstanding balance. Furthermore I am aware that the school also reserves the right to charge interest on all overdue accounts at a rate of 1.5% per month and that should school fees be in arrears, the school reserves the right to deny learners access to aftercare, transport, trips and outings and school functions. I am aware that school fees are payable annually in advance, but can be paid in monthly or quarterly instalments as published, but that should the monthly or quarterly payment be in arrears, the total fees for the year will immediately become payable. I am aware that the school reserves the right to not accept a registration on the basis of affordability, academic and disciplinary record and incomplete application and that the school reserves the right to request upfront payment of the January school fees to reserve a space for the following academic year. Take note that the registration fees are non-refundable.

Photos

I hereby grant permission for my child to be photographed participating in projects and events and for the photographs to be included on the school's website, Facebook and other electronic and social media and that neither I, nor my child(ren) will be eligible for any payment as a result of this.

Indemnity

I hereby give permission that he/she may attend any excursion organised by the school with the permission of the principal. I understand that he/she will sometimes have to travel by bus or taxi to different venues of educational value. These trips will have to be paid for when organised. The school will use the best transport available at the best value for money. I accept that the school will take the necessary precautions to ensure the safety of my child. I will however, not hold the school responsible in case of an accident, loss of limb or life, or any other damages to her/his person or property. I also understand that this arrangement is necessary because it is not always flexible for parents to sign a letter of consent before a trip can take place.

Grace Academy Schools Values

I undertake to uphold the values of Grace Academy whenever I am involved in school related functions or activities. I will also be available to attend parents meetings and functions to support the education of my child. I will respond timeously to letters, e-mails, SMS and calls made by the school. I undertake to keep all personal contact details updated at all times.

The Protection of Personal Information Act (POPIA)

The Protection of Personal Information Act (POPIA) is enforced from the 1st of July 2021 and Grace Academy requires your consent to store and process the Parent, Legal Guardian and Child's personal information. By completing this application form and submission of the necessary supporting documents you are consenting that: Grace Academy may process your and the child's personal information for the purposes of processing this application for admission to Grace Academy; Grace Academy may request and process information from your child's current/previous school in order to process this application and that Grace Academy may proceed with enquiries that are necessary to verify any information provided in the application documentation, including verification of credit ratings. Grace Academy dedicated to protecting the privacy of all whose personal information we hold in our possession. Grace Academy is committed to use all personal information in accordance with POPIA. Grace Academy will only process personal information as per POPIA guidelines, and confirm that we will not sell or share personal information for economic purposes. Should this application not be successful or withdrawn, all information included in this application will be destroyed as per POPIA regulations and Grace Academy Policy.

Suspension or Termination of Admission

The admission of the Learner as a learner at the School may be terminated in accordance with any one or more of the following sub-paragraphs, subject however, always to any relevant provisions of the Schools Act – by the Parents giving at least a complete School Term's notice to that effect to the School Head (the notice must be given before the commencement of the last School Term during which the Learner is to attend the School)

Grace Academy hereby undertakes to offer quality teaching and related services of a high standard to the best of our ability.

Thus signed on this _____ day of _____ 20 _____

_____ Account holder
 Father / Legal Guardian Mother / Legal Guardian Grace Academy

Please note that registration is only confirmed when the application has been authorised by principal.

J.) MARKETING SOURCE

Please indicate where you heard about our school

Facebook Open Days Google Flyers School Signage Info Boards

K. ANNUAL HOUSEHOLD INCOME BEFORE TAX

Less than R350 000	R350 001- R650 000	R650 001- R950 000	R950 001 +

OFFICE USE

ACCEPTED REJECTED

DATE NOTIFIED _____

AUTHORISED BY

Signature

STUDENT NUMBER _____ GR _____

Receipt Number

AMOUNT PAID

R

Initials _____