



GRENVILLE HIGH SCHOOL

APPLICATION FORM

PLEASE NOTE: ALL DOCUMENTS NEED TO BE CERTIFIED BEFORE ATTACHING AND SUBMITTING YOUR APPLICATION

***REQUIRED INFORMATION**

LEARNER DETAILS

(Learner details must be completed by a parent or legal guardian)

SURNAME*

FIRSTNAMES*

PREFERRED NAME*

GENDER* **MALE** **FEMALE**

DATE OF BIRTH*

ID NUMBER*

ARE YOU A SOUTH AFRICAN CITIZEN?*

YES
 NO

(IF NO – STUDY PERMIT MUST BE ATTACHED)

HOME LANGUAGE*

ADDITIONAL LANGUAGE*

ETHNIC GROUP*

RELIGION*

PROVINCE RESIDING IN*

PREVIOUS / CURRENT SCHOOL*

CURRENT GRADE*

TOTAL YEARS IN CURRENT GRADE*

WILL LEARNER REQUIRE BOARDING FACILITIES?*

**EXTRA MURAL ACTIVITIES
(OPTION LIST)**

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> NETBALL |
| <input type="checkbox"/> TENNIS | <input type="checkbox"/> CHEERLEADING |
| <input type="checkbox"/> CHESS | <input type="checkbox"/> HOCKEY |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> CHOIR |
| <input type="checkbox"/> GLEE CLUB | <input type="checkbox"/> DEBATING |
| <input type="checkbox"/> PUBLIC SPEAKING | <input type="checkbox"/> OLYMPIADS |

OTHER:

CONTACT DETAILS OF LEARNER*

DOES THE LEARNER HAVE ANY ALLERGIES? IF YES, PLEASE SPECIFY:

.....

DOCTORS' NAME

DOCTORS' TELEPHONE NO.

MEDICAL AID NAME

MEDICAL AID NO.

POSITION IN FAMILY

CURRENT SIBLING (ONLY BROTHER / SISTER) IN GRENVILLE HIGH SCHOOL?

.....

NAME, SURNAME AND CONTACT NUMBER OF FRIEND OR FAMILY NOT RESIDING WITH THE FAMILY

.....

DOCUMENTATION TO BE ATTACHED

1. CERTIFIED COPY OF LEARNERS LAST TERM REPORT*
2. CERTIFIED COPY OF LEARNERS BIRTH CERTIFICATE*
3. CERTIFIED COPY OF BOTH PARENTS ID*
4. CERTIFIED COPY OF DEATH CERTIFICATE / AFFIDAVIT IF ONLY ONE PARENT*
5. CERTIFIED COPY OF LEGAL GUARDIANSHIP OR FOSTER DOCUMENTATION
6. CERTIFIED PROOF OF RESIDENCE FOR PERSON RESPONSIBLE FOR PAYING SCHOOL FEES*

PARENT / GUARDIAN DETAILS

	<u>PARENT 1</u>	<u>PARENT 2</u>
TITLE		
SURNAME*		
FULL NAME(S)*		
ID NUMBER*		
OCCUPATION*		
EMPLOYER*		
WORK ADDRESS*		
HOME ADDRESS*		
POSTAL ADDRESS*		
EMAIL ADDRESS*		
CONTACT NUMBER (WORK)*		
CONTACT NUMBER (HOME)*		
CONTACT NUMBER (CELL)*		

NAME AND SURNAME OF PARENT RESPONSIBLE FOR SCHOOL FEES*

.....

SIGNATURE **DATE**

BY TICKING THE FOLLOWING YOU ACKNOWLEDGE AND AGREE TO THE TERMS STATED

PAYMENT OF SCHOOL FEES BY THE FOLLOWING METHOD*

- FULL PAYMENT OF YEARLY FEES PAID BEFORE 31 MARCH 2024
- DEBIT ORDER MONTHLY
- MONTHLY EFT

SCHOOL CONTRACT REGARDING SCHOOL FEES*

- 1. I/WE ACKNOWLEDGE THAT GRENVILLE HIGH SCHOOL IS A FEE PAYING SCHOOL
- 2. I/WE UNDERTAKE TO PAY SCHOOL FEES
- 3. SHOULD A FINANCIAL CRISIS ARISE, I/WE WILL CONTACT THE SCHOOL IMMEDIATELY TO MAKE NECESSARY ARRANGEMENTS TO PAY
- 4. I/WE ABIDE BY THE SCHOOL RULES AS SET OUT BY THE SGB IN THE CODE OF CONDUCT
- 5. I/WE WILL SUPPORT THE LEARNER IN HIS/HER SCHOOL WORK
- 6. I/WE GIVE OUR FULL CO-OPERATION TO THE SCHOOL IN THE EVENT OF ANY MISCONDUCT
- 7. I/ WE UNDERTAKE TO HONOUR THE ABOVE AGREEMENTS

SIGNATURE PARENT

DATE