APPLICATION FOR
GRADE: _____

ATTACH
APPLICANT'S
ID PHOTOGRAPH
HERE

GREY COLLEGE PRE-PRIMARY
APPLICATION FORM for 2026

Applicant's Name: _____

Surname: _____

APPLICATION FOR PLACEMENT AT GREY PRE-PRIMARY SCHOOL

COMPLETED APPLICATION FORMS TO BE HANDED IN AT THE PRE-PRIMARY OFFICE
BETWEEN 07:00 - 13:00 MONDAY - FRIDAY.
PRINT THE FORM, COMPLETE AND HAND IN THE HARD COPY.

CLOSING DATE FOR APPLICATIONS: Friday, 09 May 2025

Parents apply for their son by:-

- Completing the APPLICATION FORM IN **BLOCK CAPITALS AND BLACK PEN**.
- Please **DO NOT bind** this application form.
- Place a coloured a **ID PHOTOGRAPH** on this page in the space provided.
- **NO APPLICATION FORM WILL BE ACCEPTED UNLESS FULLY completed.**
- An application that is **NOT successful** will **not** be carried over to the next year.
- A learner can only be admitted into Grey College Pre-Primary School, provided a vacancy exists for the required grade.
- **NO late applications will be considered.**
- **NO discussions** regarding the applications will be entered into. The school's decision is final.
- Every applicant is advised to apply to at least **5 (five)** other Pre-Primary schools as well. Openings will only become available, should a current learner transfer from Grey Pre-Primary School.

Signature: _____

Date: _____

Grey College Pre-Primary School

Jock Meiring St, Bloemfontein 9301 Tel. 051 4443411 email: admin@gcpb.co.za website www.gcpb.co.za

APPLICATION FOR ADMISSION

APPLICATION FOR GRADE 000 (3 turning for 4 years)	☐
APPLICATION FOR GRADE 00 (4 turning 5 years.)	☐
APPLICATION FOR GRADE R (5 turning 6 years.)	☐
CLOSING DATE FOR APPLICATIONS:	**Friday, 09 May 2025**

FOR OFFICE USE ONLY: OUTCOME OF APPLICATION

Preferential acceptance:	
Accept:	
Waiting list:	
Unable to accept:	
Decision confirmed: Signature of Principal:	
Decision conveyed: Signature admissions' secretary:	
Debitors no:	Admission no.:
Date admitted:	Grade: Teacher:

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

Is the applicant the son of a staff member at Grey College? Yes ☐ No ☐	Name and surname: _____ Which school or Department: _____
Is the applicant the son of an Old Grey? Yes ☐ No ☐ 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 ☐ No ☐ 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 ☐ Coloured ☐ Indian ☐ White ☐ Other _____
Citizenship of pupil:	RSA ☐ Other ☐
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 ☐ AFR ☐
Number of children in the family? _____ Position in family eg. (First Child = 1) _____	
Deceased Parents:	Mother ☐ Father ☐ Both ☐ None ☐
Religious faith of learner (eg. Christian, Muslim, Jewish, Hindu: please provide this for statistical purposes.)	

SECTION C: 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 be processed.)	
Title:	
Initials:	
Surname:	
Full name:	
Nickname:	
Gender:	
Home Language:	
Race:(Please provide data, as it is required for equity purposes.)	Black African ☐ Coloured ☐ Indian ☐ White ☐ 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 ☐ Married ☐ Widowed ☐ Divorced ☐
Details of second parent living at the same address.	
Surname:	
Full name:	
Nickname:	
Occupation:	
ID no:	
Relationship to learner:	
Marital status:	Single ☐ Married ☐ Widowed ☐ Divorced ☐
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 ☐ Coloured ☐ Indian ☐ White ☐ 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 ☐ Married ☐ Widowed ☐ Divorced ☐

NB: If divorced, a copy of the Divorce Order must be attached.

DIVORCED PARENTS MAINTENANCE ACT 99 OF 1998 - CHAPTER 4

A Maintenance Order is directed at the enforcement of the common law of the child's parents to support the child. The duty of supporting a child is an obligation that the parents have incurred jointly and therefore in the event of **non-payment** of school fees, the school will sue both parents irrespective of maintenance and court orders which may exist.

SECTION D: Previous or Current School information.

Pre-primary training received	Yes ☐ No ☐
Previous School:	
Previous school:	None ☐ School in this province ☐ School in other province ☐ School in other country ☐
Name:	
Province / Country	
Address of school:	
Is this the first time enrolment in a school in the Free State?	Yes ☐ No ☐
Contact number & E-mail:	

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 result in the applicant's disqualification) Yes ☐ No ☐ If yes, which disability? _____

Applicant received vaccination / has been immunised against **(Attach copy of clinic card)**

polio **yes/no** smallpox **yes/no** measles **yes/no** tuberculosis **yes/no** tetunus **yes/no** hepatitus B **yes/no**

Are there any medical issues the school needs to know? Describe:

Past or Present problems / therapy in ADD ☐ ADHD ☐ Asperger ☐

Occupational ☐ Speech ☐ Audiologist ☐ Play Therapy ☐ Remedial ☐

Dexterity of learner: Right handed ☐ Left handed ☐

Medical Aid: _____ Medical aid number: _____ Main member: _____

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

Please note that Grey College Pre-Primary School is declared a <u>FEE Paying School</u> 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 Pre-Primary is a fee paying school**, and I am willing and able to meet my obligations in this regards in full. Yes ☐ No ☐

Person responsible for the 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 G: 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 further accept 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 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 fee payments, we accept that we shall 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.

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

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

• **Letter to Principal**, from the parents, stating reasons for choosing Grey Pre-Primary School	
• 1x **Colour ID Photo**, attached to the cover page	
• **Certified** copy of **Unabridged Birth Certificate** of learner	
• **Certified** copies of both **parents' Identity documents**	
• **Certified** copy of **Marriage Certificate**, if applicable	
• Copy of **Medical Aid Card**	
• Copy of **latest Grey College School Account**, if applicable (applicable for brothers)	
• Proof of sibling relationship, if claimed as such (i.e copy of **sibling's birth certificate**)	
• Copy of **latest School Report**	
• **Certified** copy of **Divorce Order**, if applicable	
• If not biological parents; provide **Certified** copy of **Adoption Papers** and/or **Legal Guardian Appointment Papers**	
• **Proof of both parents' work address, if applicable (ie Pay slip)**	
If either parent is Self-Employed, please supply the following:	
• Company Registration Document and	
• VAT Registration Documentation	

Copy of Clinic Card (Tick ✓the applicable blocks and enter dates administered)		
• Polio		
• Measles		
• Tuberculosis		
• Smallpox		
• Tetanus		
• Hepatitus B		

I, the undersigned, as parent / legal guardian undertake to apply to other schools as well, as Grey Pre-Primary School can only accept a limited number of applications.

Father's Signature: _____

Mother's Signature: _____

CLEARLY STATE EMAIL ADDRESSES FOR CORRESPONDENCE: