



AMAZING GRACE
PRIVATE SCHOOL

APPLICATION FORM

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NAME OF STUDENT: _____

GRADE APPLYING TO: _____

YEAR APPLYING TO: _____

(Copies of the following documents are required on application)

DOCUMENTATION FOR SUBMISSION	Office Only (Tick)	COMMENTS
S.A Learner's birth certificate/ passport with a study permit.		
Mother's I.D. document/ Passport with work/ permanent residence permit.		
Father's I.D. document/ Passport with work/ permanent residence permit.		
Learner's immunisation card/ clinic card.		
Proof of residency (e. g Rates receipt, domestic service charge).		
Most recent school report.		
School fee clearance certificate from current school.		
PROOF OF PAYMENT FOR THE NON-REFUNDABLE REGISTRATION FEE. (R450 for all learners)		
3 months bank statement		

THE APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLIANCE WITH ALL OF THE ABOVE.

FOR OFFICE USE ONLY

Student Number: _____ Date of Acceptance: ____/____/____

Enrolment Number: _____

ASSESSMENT RESULTS

Maths Score: _____ Marked by: _____

English Score: _____ Marked by: _____

Date: ____/____/____

LEARNERS DETAILS

Full names:			
Preferred Name :			
Grade applying to:		Previous grade:	
Gender :		Date of birth:	
Physical address:		Postal address:	
I.D number:			
Home language		Other languages:	
Country of birth:		Which country has issued or would issue your passport?	
Which adult does the learner reside with?			
Previous school:		Previous school no.:	
Does the student have any sibling at the school? If so, please name them.			

PARENTS DETAILS

Full names:			
Title :			
ID number :			
Date of Birth :			
I.D/Passport number:			
Contact number:			
Email address:			
Employer:		Occupation	
Employer contact number:			
Physical Address:		Postal Address:	

Relationship to the learner:			

SECOND PARENT DETAILS			
Full names:			
Title :			
Date of Birth			
I.D/Passport number:			
Contact number:			
Email address:			
Employer:		Occupation:	
Employer contact no.:			
Physical address:		Postal address:	
Relationship to the learner:			

IN CASE OF EMERGENCY			
Medical aid:		Medical aid no.	
Doctors name:		Doctor's no.	
Does your child suffer from any medical condition?		If yes, please give details:	
Other significant, operations, limitations and accidents that may affect learner's capability?			

PAYMENT TERMS
<ul style="list-style-type: none"> Amazing Grace Private School fees are R_____ per year, payable over 2, 4 and 10 payments; Fees are expected on the 1st of every month, AGPS charges a penalty fee for any late payments and any payment received after the 3rd of the month due incurs interest; If payments are later than 3 months, in addition to interest, your account will be handed over to debt collectors.

How do you wish to pay?		Once in full payment		In 2 months' instalment
		In 4 months' instalment		In 10 months' instalment

By putting your signature and full name below, you are indicating that all the information on this form is true and accurate, to the best of your knowledge.

Full name: _____

Signature: _____ Date: _____