



Gordon Road Girls' School Educational Trust Preschool

18-22 Rosetta Road, Morningside, 4001

Phone: 031 303 8527

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www.grgs.co.za

AFFIX
PHOTO
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2026 Application for Admission

Learner's Full Name:		
ID number:		Grade 2026:
Current School:		
Sibling/s:	School:	Grade/s:
Sibling/s:	School:	Grade/s:

Gordon Road Girls' School Educational Trust Preschool is an independent Pre School

and a feeder for Gordon Road Girls' Primary School

School Fees 2025: Grade 000 - 0

R43 000.00 per annum i.e R4 300.00 per month x 10 months

PLEASE NOTE: School fees for 2026 will be determined at the annual Budget Meeting in November 2025

School fees must be received in advance for the year. We have made three payment options available to you. Please see below and select **one option**:

1. Paid in Advance
2. Payment via Debit Order on the 1st, 15th or 25th of the month **[Fill in a form]**
3. Stop Order **[Do an instruction with your Bank]**

Information regarding any discounts offered will be communicated to parents after the annual Budget Meeting in November 2025.

For Office Use ONLY		R250 App Fee paid:	Grade:	
Admission documents received		Date:	Time:	
Interview with Principal:		Date:	Time:	
Home Address: Morningside		Other:		
Status of App: Accept	Waiting List	Decline - Reason:		
Letter sent:		Reason:		
Deposit R4000 due:	Paid:	Sibling:	House:	
Trust Contribution R1000:	Admission No:			

Documentation Required

Please note that we are unable to process this application unless ALL these documents are attached:	Parent ✓	Office ✓
One recent, passport size, colour photograph		
Your daughter's Full or UNABRIDGED Birth Certificate		
A copy of Immunisation Card - the vaccination page only		
Copy of Medical Aid Membership card - both sides		
Most recent school report		
School Fee Statement from your daughter's current school		
Proof of residence - Metro/Telkom/Utility Bill or valid Lease Agreement in one parent's/guardian's name		
Copies of both parents and/or sponsors ID's		
Copies of both parent's and/or sponsors 3 MONTHS Bank Statements		
Trust Contribution R1000 - payable once accepted		
Kindly also provide the following if applicable to your daughter's application:		
Medical or Educational Assessments and Reports: Educational or Clinical Psychologist; Speech, Behavioural, Occupational		
Court Orders: divorce, custody, guardianship or legal adoption		
A Death Certificate is required for deceased parents		
Social Grant documentation		
Sponsors will be required to sign an affidavit at Interview		
Foreign Nationals: submit copies of all Visas, Permits & Passports of both parents & learner and complete a Letter of Undertaking - available on request		
Please note if accepted, you will be required to pay a School Fee Deposit of R4000 & a once off non-refundable Contribution of R1000.00 to our Trust.		
<i>In the case of a divorce, irrespective of the divorce decree, both parents will be held responsible for the fees and must, therefore sign the Application Form.</i>		<input type="checkbox"/> Please initial
If your daughter lives with someone else or a Third party is paying the school fees, kindly complete Section 4 on page 4 and request a Letter of Undertaking from the admission secretary.		<input type="checkbox"/> Please initial
Statements of accounts are sent out monthly.		

Learner Information

Highest Grade Achieved:				When:	
Surname:					
Full Names:					
Known as:			Gender: Female		
Date of Birth:			Population Group:		
Country of Birth:			If not SA: Study Visa/Permit Number:		
Residential Address:				Religion:	
Lives with: <input checked="" type="checkbox"/>		Mother	Father	Other - details below:	
Name:			Relationship to child:		
Circle Distance from Home to School:		0-5km	5-10km	10-20km	20-40 km
Circle Mode of Transport:		Car	Walk	Lift Club	Taxi Bus/Train
Driver Name & Contact Details: (if NOT the parents)					
Dexterity of Learner: <input type="checkbox"/> Left		<input type="checkbox"/> Right	<input type="checkbox"/> Either	Home Language:	
<input checked="" type="checkbox"/> Deceased Parents:			<input type="checkbox"/> Neither	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Both
Current School Contact Details		Name:			
Email:			Phone:		
Medical Aid Name:			Doctor:		
Which Plan:			Doctor Address:		
Member no:					
Main Member:			Doctor TEL:		
Do you receive a Social Grant:			If so, which one? Copy required		
Medical Diagnosis, Conditions & Allergies:			Concerns that may require counselling:		
Does your daughter have any Learning, Behavioural or Social Disabilities:					
Other <u>Local</u> Emergency Contacts - <u>NOT THE PARENTS</u>					
1) Name & Surname:				Cell Phone:	
Relationship to Learner:					
2) Name & Surname:				Cell Phone:	
Relationship to Learner:					

Parent Information

1. Parent 1		Relationship to learner:
Surname:	Name:	
Title:	Population Group:	
Birth Date:	Religion:	
ID/Passport No:	Citizenship:	
Physical Address:	Home Language:	
	Marital Status:	
	Name of Spouse/Partner:	
Occupation:	Employer/Company Name:	
Gross monthly Income:	Work Phone:	
Cell phone:	Home Phone:	
Email address:		
2. Parent 2		Relationship to learner:
Surname:	Name:	
Title:	Population Group:	
Birth Date:	Religion:	
ID/Passport No:	Citizenship:	
Physical Address:	Home Language:	
	Marital Status:	
	Name of Spouse/Partner:	
Occupation:	Employer/Company Name:	
Gross monthly Income:	Work Phone:	
Cell phone:	Home Phone:	
Email address:		
3. Details of Step Parent		Relationship to learner:
Surname:	Name:	
Title:	Population Group:	
Birth Date:	Religion:	
ID/Passport No:	Citizenship:	
Physical Address:	Home Language:	
	Marital Status:	
	Name of Spouse/Partner:	
Occupation:	Employer/Company Name:	
Gross monthly Income:	Work Phone:	
Cell phone:	Home Phone:	
Email address:		
4. Sponsor (to sign an affidavit interview)		Relationship to learner:
Surname:	Name:	
Title:	Population Group:	
Birth Date:	Religion:	
ID/Passport No:	Citizenship:	
Physical Address:	Home Language:	
	Marital Status:	
	Name of Spouse/Partner:	
Occupation:	Employer/Company Name:	
Gross monthly Income:	Work Phone:	
Cell phone:	Home Phone:	
Email address:		

Declaration by the Parent/Guardian [APPLICANTS]

I (full names) Applicant 1: _____

Applicant 2: _____

The _____ of (Learner full names and Surname) _____

a) Hereby declare that:

1. The information submitted in this application form is the truth.
2. I undertake to ensure that my child/ward attends school regularly and should she be absent from school for any reason, I will notify the school, in writing, stating the reason(s) for absence.

b) Acknowledge that if school fees are not paid:

1. 7 days - letter will be sent to parents notifying of outstanding fees.
2. 17 day - letter sent to parents confirming that their daughter will not be permitted to attend school until the outstanding debt has been paid in full.

c) To pay all costs incurred:

1. On an attorney and client scale in the event of an attorney being instructed due to my failure to pay school fees timeously or at all;
2. For damage done or losses caused by my child/ward to school property.

d) To agree to give a term's notice in writing before withdrawing my child / ward from school and to pay a term's fees in lieu of late notice.

Please initial: _____

e) I agree that the principal or his/her designates may act in loco parentis in the event of injury or accident in which my child/ward may be involved.

f) I agree to collect my child/ward from school within 15 minutes after the set dismissal time.

ADDRESS: The signatory hereto hereby chooses domicillium citande et executandi (official address) as

SIGNED at _____ on the ____ day of _____ 20____

APPLICANT 1 SIGNATURE:

APPLICANT 2 SIGNATURE:

Additional Information

Does the learner dress and undress herself? _____

With or without assistance? _____

Please comment on:

Bed Time: _____

Eating Habits: _____

Does she follow a reasonable routine? _____

Early Developmental Milestones: (Please comment if necessary) _____

Information about lift clubs: _____

NB: To assist with future planning for our extramural programme please indicate if there is any reason why the child will not be able to participate in these activities:

Health Particulars of Learner

1. Previous illness (nature & seriousness)

2. Has she been immunized against:

- a) Tuberculosis (BCG)
- b) Poliomyelitis
- c) Lockjaw (Tetanus) and Diptheria (DTP)
- d) Measle / Rubella

Yes	No

3. Has the child any allergy, disability or disease? _____

The signatory hereto hereby chooses domicillium citandi et executandias:

Residential Address: _____

Declaration by the Applicants

I _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the Trust or his designate, my permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me is found to be false, my application may be rejected.

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____