



## 2027 - APPLICATION FOR PUPIL ADMISSION

Thank you for your enquiry regarding the admission of your child to Glenashley Preparatory School. Attached please find an application form, which is to be completed, together with the required documentation, as per the checklist on the final page.

### It is important to note the following:

- 1) The completion and submission of this form does not in any way, imply acceptance of your child.
- 2) The acceptance of siblings is not automatic. Preference is given to applicants living in close proximity to Glenashley Preparatory School.
- 3) The Application form must be completed in full and all documentation provided before it will be accepted and processed.
- 4) Certified copies of requested documentation must be attached and returned to the school with this Application form (see checklist). The school may not make photocopies nor certify documents.
- 5) Correspondence is done via email. Therefore, please ensure your email address is correct and legible.
- 6) **A fee of R2000 is payable on acceptance of new learners across all grades.**  
This is included in the annual fee and credited to the school fee account.
- 7) **For Leap Admissions, a once off amount of R4 500 Capital Development Fee is payable across all grades on acceptance, which is applied towards the development of the Leap Unit.**
- 8) Closing date for 2027 applications is 31 July 2026, although admissions will commence and continue until the school is deemed full.

If a parent gained entrance for his/her child to this school by making a false statement regarding his/her place of residence or any other information, the school is entitled to revoke the agreement, which allowed the learner concerned admission to this school.

The high standard of education set at Glenashley Preparatory School is dependent on the compulsory school fees paid by parents. The school fees for the current year: **2026** are as follows. These amounts are expected to increase for 2027:

**Mainstream** Grade 4 – 7: **R49 780.00 per annum.** **Leap** Gr 4 – 7: **R59 710.00 per annum.**

Application from a foreigner must be accompanied by appropriate documentation for entry into a South African School. This must include Residence Permit and Study Visa.

  
MR N JAFFAR  
PRINCIPAL



PHOTO

Please paste  
do not staple

## 2027 APPLICATION FOR PUPIL ADMISSION

Official closing date for applications: 31 July 2026

Date of application: \_\_\_\_\_ Grade required: \_\_\_\_\_ Commencing: \_\_\_\_\_  
(month & year)

NB: This form must be completed in full by both the pupil's parents.

PARENT means: the parent or guardian of a pupil; the person legally entitled to the custody of the pupil; or the person who undertakes to fulfil the obligations of a parent, guardian or legal custodian towards the pupil's education at school.

**A.**

### PUPIL INFORMATION (AS PER THE CHILD'S BIRTH CERTIFICATE)

*N.B: The name and surname reflected on the birth certificate is the official name and surname to be used for the pupil on all formal documentation. Known as, nicknames or preferred names may only be used informally.*

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Home Language: \_\_\_\_\_

Dexterity:  Left  Right  Both

Immigrant: Yes  No  Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport No (if non-SA): \_\_\_\_\_

Province from (SA): \_\_\_\_\_ Country from (non-SA): \_\_\_\_\_

Ethnic group: African  Coloured  Indian  White  Other  for statistical purposes only

Religious affiliation: \_\_\_\_\_

Current School: \_\_\_\_\_ Phone No. \_\_\_\_\_

Highest Grade passed to date: \_\_\_\_\_ Year in which that Grade was passed: \_\_\_\_\_

Has your child repeated a Grade at any stage? If so, which Grade? \_\_\_\_\_

Have you applied for admission at another school/s? If so, which schools? \_\_\_\_\_

\* Does pupil have a current or past sibling at Glenashley Prep? \_\_\_\_\_

\* If yes, full name and grade (if currently enrolled): \_\_\_\_\_

\* For past Glenashley Prep learners, please supply which House they were in? \_\_\_\_\_

\* Does pupil have any siblings at other schools? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

**It is essential that these sections be completed in full**  
**OR a certified copy of the death certificate is to be supplied**

**B.**

**BIOLOGICAL FATHER'S**  / **LEGAL GUARDIAN'S DETAILS**  (Please tick appropriate box)  
(see next page, for Stepfather information)

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please print email address in clear writing*

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

Ethnic group: African  Coloured  Indian  White  Other  for statistical purposes only

Father's / Guardian's Occupation / Job Title: \_\_\_\_\_  
(If self-employed, please attach a business card)

Name of Father's/Guardian's Employer \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**C.**

**BIOLOGICAL MOTHER'S**  / **LEGAL GUARDIAN'S DETAILS**  (Please tick appropriate box)  
(see next page, for Stepmother information)

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please print email address in clear writing*

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

Ethnic group: African  Coloured  Indian  White  Other  for statistical purposes only

Mother's/Guardian's Occupation / Job Title: \_\_\_\_\_  
(If self-employed, please attach a business card)

Name of Mother's/Guardian's Employer \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**D.**

**STEP-FATHER'S DETAILS**  (Tick, if applicable)

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please print email address in clear writing*

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

Ethnic group: African  Coloured  Indian  White  Other  for statistical purposes only

Step-Father's Occupation / Job Title: \_\_\_\_\_  
(If self-employed, please attach a business card)

Name of Employer \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**E.**

**STEP-MOTHER'S DETAILS**  (Tick, if applicable)

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*Please print email address in clear writing*

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

Ethnic group: African  Coloured  Indian  White  Other  for statistical purposes only

Step-Mother's Occupation / Job Title: \_\_\_\_\_  
(If self-employed, please attach a business card)

Name of Employer \_\_\_\_\_

Address of Employer: \_\_\_\_\_

F.

**DECEASED PARENTS:**

For deceased parents we require a copy of Death Certificate/s

Mother only deceased	Yes	No
Father only deceased	Yes	No
Both parents deceased	Yes	No

**PARENTS' MARITAL STATUS**

Single:  Married:  Divorced:  Separated:  Re-married:  Widow/Widower:

If married – please indicate how:

Ante-Nuptial  Comm. of Property  Customary marriage  Hindu/Muslim  Other

**Please do answer the following, regardless of Marital Status:**

Learner lives with: Mother:  Father:  Both Parents:  Guardian / Other:

If Guardian/Other, what is the relationship? \_\_\_\_\_

If divorced, who has custody of this Learner? \_\_\_\_\_

Date of custody: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING, REGARDLESS OF MARITAL STATUS:**

Person/s responsible for payment of school fees: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

**NB: The report and general correspondence is sent to the person with whom the learner resides.**

Does the other parent require a report to be sent to them? Yes:  No:

G.

**MEDICAL DETAILS:**

Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

Main Member's Name \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Tel No: \_\_\_\_\_

Medical disorders/allergies/ailments (**learner**): \_\_\_\_\_

Please indicate if life threatening: \_\_\_\_\_

## G – Medical Details - Continue:

What barriers to learning or disorder has your child been diagnosed with?

*Check all that apply.*

*For any of the below selected, who diagnosed the condition(s)? Please provide the medical field of the Health care provider(s) in Column 2. More than one may be given.*

**Note!** *Attach evidence (medical diagnosis) of these conditions to your child's application – Column 3.*

	MEDICAL CONDITION	MEDICAL FIELD Psychologist, Psychiatrist, Speech & Language Therapist, Neurologist, Medical Doctor, Paediatrician, Ophthalmologist, Audiologist etc.	EVIDENCE ATTACHED
<input type="checkbox"/>	Anxiety		<input type="checkbox"/>
<input type="checkbox"/>	Aphasia		<input type="checkbox"/>
<input type="checkbox"/>	ADD		<input type="checkbox"/>
<input type="checkbox"/>	ADHD		<input type="checkbox"/>
<input type="checkbox"/>	Autistic Spectrum Disorder		<input type="checkbox"/>
<input type="checkbox"/>	Central Processing Disorder		<input type="checkbox"/>
<input type="checkbox"/>	Chronic Medical Condition: <i>state which</i> _____		<input type="checkbox"/>
<input type="checkbox"/>	Dyscalculia		<input type="checkbox"/>
<input type="checkbox"/>	Dysgraphia		<input type="checkbox"/>
<input type="checkbox"/>	Dyslexia		<input type="checkbox"/>
<input type="checkbox"/>	Dysphasia		<input type="checkbox"/>
<input type="checkbox"/>	Epilepsy		<input type="checkbox"/>
<input type="checkbox"/>	Eye sight: partially sighted _____		<input type="checkbox"/>
<input type="checkbox"/>	Hearing		<input type="checkbox"/>
<input type="checkbox"/>	Mental illness: <i>state which</i> _____		<input type="checkbox"/>
<input type="checkbox"/>	Specific learning disability: <i>state which</i> _____		<input type="checkbox"/>
<input type="checkbox"/>	Stuttering		<input type="checkbox"/>

**Should both the father and mother be unavailable in an emergency, please advise details of a 3<sup>rd</sup> party (Compulsary please):**

Title: \_\_\_\_\_ First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel: (W): \_\_\_\_\_ (H): \_\_\_\_\_ Cell): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

**H.**

**Administration of Medication**

Do you grant the school secretary authority to administer medication in the form of paracetamol, nausea / vomiting / diarrhoea medication, should the need arise?

YES

NO

**I.**

**Extra Mural Activities**

Do you have any objection to your child participating in any extra-mural activities?

YES

NO

If yes, please furnish reasons: \_\_\_\_\_

**J.**

**Do you have any objections to your child being photographed during the course of his/her education at Glenashley Preparatory School, bearing in mind that any such photography may be displayed / published?**

YES

NO

**K.**

**Finance**

**Importance of Payment of School Fees**

The payment of school fees is of vital importance for Glenashley Preparatory to maintain our first-class facilities, top quality education and wide range of sporting and cultural activities that we are proud to offer. These fees effectively pay for all the costs of running the school as well as Governing Body teacher salaries.

The payment of school fees is compulsory and is regarded as statutory debt which is described by law. The school may enforce this payment by taking legal action as per the SA Schools Act No. 84 of 1996 Section 41. The address specified on this form as your residential address is acknowledged as the chosen domicile for service and all legal notices and processes until the school is advised in writing of your new address.

Glenashley Preparatory School is a compulsory fee-paying school. Parents who are unable to meet these obligations should immediately contact the school Finance department on 031 572 3647 for assistance. Parents who are unable to pay school fees due to unemployment or very low-income levels, may apply in the first Term of each year for an exemption from fees, according to the rules laid down by the Department of Education – South African Schools Act.

The granting of a partial exemption is subject to full disclosure of all household income and a range of other checks to ensure eligibility, since exemptions are not effectively sub-vented by Government, but must be cross-subsidised by fee-paying parents.

**Undertaking to Pay School Fees**

I/We \_\_\_\_\_ (Name/s)

Identity Number/s \_\_\_\_\_

Of \_\_\_\_\_ (Domicilium Address)

The undersigned, do hereby confirm that I/we accept responsibility as PARENTS / GUARDIAN as defined in terms of the broader definition of PARENTS/GUARDIAN in Section 1 of the South African School Act No 84 of 1996, this in terms of the education provided by the school to \_\_\_\_\_ (Learner).

And specifically undertake to be responsible for the school fees of the said learner, as set out in Section 40 of the act, the detail of which I acknowledge the school has advised me of.

I accept and confirm that the above address as my chosen Domicilium for services of all notices and legal documents, unless I notify the school in writing of my change of address.

I authorise the school to do credit bureau searches on me and in the event of any school fees due by me not being paid, I authorize the school to inform the relevant credit bureau, and have my name listed with them, in the event of default and or failure to pay any single payment on due date as per the agreed extended plan, then we accept that the outstanding amount will become immediately due and payable.

Signed at \_\_\_\_\_ (place) this \_\_\_\_\_ (day) of \_\_\_\_\_ (month)  
\_\_\_\_\_ (year).

Signature \_\_\_\_\_

Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

**(Please do not leave out Witness signatures – Witnesses are signing to witness the Parent signature).**



I/we will ensure that the Applicant attends school daily from start to end of each term, and absence is only condoned for illness and emergencies.

- ix. I/we will inform the school in writing of any case of infectious illness in my/our household.
- x. A co-operative working partnership between school and home is in the best interests of the Applicant.
- xi. The personal particulars provided in this document are correct.
- xii. The completion and submission of this application form, and an interview with a senior member of management, does not guarantee admission to Glenashley Preparatory School.
- xiii. If the application is successful, the “**Acceptance Letter**” will be returned in person by one or both of the signatories. A once off fee of R2000.00 (**all Mainstream Grades**) on enrolment is payable and offset against the annual school fee. Should you wish to withdraw your enrolment application, the school will retain 50% of the contribution.
- xiv. **Grade 4 - Grade 7 LEAP** – a once off, **non-refundable** set up fee of R4 500.00 to be paid on enrolment and is offset against a Capital Development Fund. Should you wish to withdraw your **LEAP Grade 4 – Grade 7** enrolment application, **the set-up fee will not be refunded.**
- xv. I/We chose the address/es specified, as our residential and/or electronic (email and/or cell phone numbers) address/es contained in this document, as my/our chosen legal domicile for service of all legal notices and processes until I/we advise the school in writing of my/our new address, which will then become our new legal domicile.
- xvi. I/we undertake to comply with the Glenashley Preparatory School Fee Collection Policy which I/we confirm I/we have read and understood. Which Policy document I/we further undertake to complete and sign annually within 7 days of the commencement of the school year.
- xvii. In the event of a pupil being removed from the school before the completion of Grade 7, Glenashley Preparatory School requires 30 calendar days’ notice in writing and shall be given to the Principal.
- xviii. Should such notice not be received by the Principal before the commencement of the pupil’s last term at the school, then the fees for the following term may, at the discretion of the Governing Body, become payable in lieu notice.
- xix. In the event of a pupil being unable to attend the school as a result of illness or incapacity for any length of time, no refund of any part of the fees will be considered for any reason whatsoever.
- xx. I authorise the school to carry out any checks and/or traces that the school deems fit with any registered credit bureau and also to list me with any credit bureau in the event I default in payment of the school fees.

I/we, the undersigned, jointly and severally, undertake to pay all school fees and term levies sanctioned by the Governing Body and to enter into the agreement relating thereto.

We as parents and the applicant accept that the information provided to the school was given voluntarily and that the school may:

- 1.1 Store the data in its secure files and safe electronic systems, and complying with the POPI (Protection of Personal Information) Act.
- 1.2 Generate academic, attendance, behavioural and other school-related records;
- 1.3 Use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the applicant at the school (including, but not limited to contacting parents; placing the applicant in a class; entering him/her in exams, competitions, leagues and the like; updating the school roll and alumni register; and researching and reporting on school demographics or performances);
- 1.4 Pass it on where required to do so as part of school reports, testimonials and confidential reports, and for statistical or research purposes, or when legally required to do so.

**CONFIRMATION OF READ RECEIPT**

I/WE HAVE READ AND UNDERSTAND THE GLENASHLEY PREPARATORY SCHOOL ADMISSION REGULATIONS, AS PER PAGE 1 OF THIS DOCUMENT.

I/WE HAVE READ AND ACKNOWLEDGE THE CONTENT OF THE GLENASHLEY PREPARATORY SCHOOL CODE OF CONDUCT AVAILABLE ON OUR SCHOOL WEBSITE:  
[WWW.GLENASHLEYPREP.CO.ZA](http://WWW.GLENASHLEYPREP.CO.ZA)

SIGNATURE: \_\_\_\_\_ ID NO: \_\_\_\_\_  
(Biological Father/ Guardian)

SIGNATURE \_\_\_\_\_ ID NO: \_\_\_\_\_  
(Biological Mother/Guardian)

**N.B. THIS APPLICATION FORM MUST BE SUBMITTED BY ONE OF THE SIGNATORIES ABOVE.**

**THE COMPLETION OF THIS ANNEXURE A DOCUMENT IS COMPULSORY FOR ALL APPLICATIONS. SHOULD YOU REQUIRE ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS PAGE, PLEASE CONTACT THE ADMISSIONS SECRETARY EITHER TELEPHONICALLY (031) 572-3647 OR VIA E-MAIL TO [hmarshall@glenashleyprep.co.za](mailto:hmarshall@glenashleyprep.co.za)**

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14 No. 29311

GOVERNMENT GAZETTE, 18 OCTOBER 2006

**ANNEXURE A**

**SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996  
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT  
OF SCHOOL FEES**

**CHECKLIST FORM\***

(Mark with a cross in applicable box)

- |  |   |     |    |
|--|---|-----|----|
| 1. Has the principal (school) informed you about the amount of the annual school fees to be paid?  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| 2. Has the principal (school) informed you that you are liable for the payment of compulsory school fees unless you are totally exempted from paying compulsory school fees? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| 3. Has the principal (school) informed you about your right to apply for exemption from paying compulsory school fees?   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| 4. Do you wish to apply for such exemption at this stage?  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| 5. Do you wish to be assisted in making such application?  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| 6. Has the principal (school) provided you with the form (Annexure B) for application for exemption?   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">YES</td> <td style="width: 50%; text-align: center; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- One copy of the signed form will be handed over to the parent, another will be submitted to the Head of Department or his or her delegate, and the original will be filed at the school.



## CODE OF CONDUCT FOR GLENASHLEY PREPARATORY SCHOOL LEARNERS

The Glenashley Preparatory School Code of Conduct can be found on our webpage using the following address: [www.glenashleyprep.co.za](http://www.glenashleyprep.co.za)

This Code of Conduct has been drawn up in accordance with the South African School's Act 84 of 1996 and is done in such a manner as to preserve the School's ethos and foster the growth of its learners. The Code of Conduct sets out the rules governing behaviour and the manner in which those rules should be followed. It further sets out the system of discipline that must be followed when obeying instructions. Any breach of Code of Conduct is an affront to the learners of Glenashley Preparatory School and will be treated as such. Learners are compelled to comply with the Code of Conduct and action shall be taken against any learner who contravenes it.

I/we acknowledge that, in the event of my child not complying with the Code of Conduct, action shall be taken against him/her.

I/we acknowledge that together with my/our child, I/we have read and understood the Code of Conduct and give my/our informed and unconditional consent for my/our son/daughter to attend Glenashley Preparatory School under the terms and conditions therein contained.

**Parent 1 / Guardian (Name and Signature):** \_\_\_\_\_

This signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Parent 2 / Guardian (Name and Signature):** \_\_\_\_\_

This signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Learner (Name and Signature):**

This signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**DOCUMENTATION FOR SUBMISSION:**

**The following documents must be attached to the application form**

1. Certified copy of pupil's **unabridged** birth certificate  
(full certificate with both parents' names)
2. Certified copy of both parent's South African ID documents  
(or copy of death certificate where relevant)  
(both parents' / legal guardians' ID documents required, irrespective of separation / divorce)
3. If Non-South African Resident / Citizen applying, a certified copy of the SA residence permit and/or study permit must be attached as well as learner's original passport for admin to make a copy for Department of Education reasons
4. An original recent Utility Bill (**ALL PAGES**) in the form of a water & electricity account, showing the full name of the parent on the corresponding physical residential address.
5. If renting, a certified copy of a valid Lease/ rental agreement, signed by both Lessor and Lessee, showing the parents' primary residence as well as a proof of deposit and rent paid for a period of three months.
6. Proof of employment of both parents / legal guardians.
7. If self-employed, please staple a Business Card to the enrolment form.
8. Where applicable, a certified copy of the court order granting legal guardianship.
9. Immunization / Clinic Card. Please ensure the child's name is displayed.
10. Most recent school report and the previous year end report.
11. A copy of the latest fee statement from the present school.
12. The application form must be signed by both parents / legal guardians.
13. I.D. Photo of applicant.