

REPORT FROM CURRENT SCHOOL: CONFIDENTIAL

Dear Parent/Guardian

Please complete **Section A** of this form before handing it to your child's Principal, Grade Head or Class Teacher, requesting them to complete Section B.

SECTION A

Name and Surname of Learner: _____

Name of current school: _____ Tel: _____

Reason for changing schools: _____

Dear Principal/Grade Head/Class Teacher

The above-mentioned learner at your school is applying for admission to the Lady Grey Arts Academy. Kindly complete **Section B** of this CONFIDENTIAL REPORT and email it to admissions@lgaa.co.za Please indicate the appropriate box with an X.

SECTION B

Academic Achievement	80% +	70% +	60% +	50% +	40% +	0 – 39%
Language Ability: English	Excellent oral and written command	Stronger oral than written skills	Stronger written than oral skills	Basic functional command	Limited command	No command
Language Ability: Afrikaans	Excellent oral and written command	Stronger oral than written skills	Stronger written than oral skills	Basic functional command	Limited command	No command
Study Habits	Exemplary; conscientious and well-balanced	Diligent; consistently gives best effort	Capable but inconsistent at times	Habits need improvement	Lacks application and focus	Requires significant guidance
Cultural Participation	Exceptional National Achievement	Significant Provincial Achievement	Active and reliable participation	Regular participation	Limited participation	No participation
Category	Level 1 (Highest)	Level 2	Level 3	Level 4	Level 5	Level 6 (Lowest)
Sport Participation	National team representation	Provincial team representation	Loyal and reliable participation	Regular participation	Occasional participation	No participation
Leadership	Head Prefect	Prefect	Sports Captain / Class Leader / Mentor	Demonstrated leadership potential	No leadership roles held	Negative influence
Classroom Behaviour	Outstanding conduct	Consistently attentive and focused	Occasional lack of focus	Self-discipline requires improvement	Disruptive behaviour	Persistent behavioural issues
General Behaviour	Exemplary	Good	Minor behavioural concerns	Sporadic behavioural problems	Poor	Persistent disciplinary issues
School Fees	Consistent and regular payment	Minor payment irregularities	Inconsistent payment history	Frequent non-payment	Application for exemption	No payment made

Additional comments by Principal.

Name of Principal / Grade Head / Class Teacher

Signature

Date

APPLICATION FOR ADMISSION – 2027



PLEASE COMPLETE WITH A BLACK PEN



SELECT APPLICATION TYPE

SCHOOL ONLY

SCHOOL AND HOSTEL

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No

Name(s) of other learner(s): _____

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2027 : _____

Years in grade for 2027 : _____

Years in phase for 2027 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Registered for social grant: Yes No

Receives social grant: Yes No

Media consent: Yes No

Do you want to apply for hostel residence: Yes No

Name of hostel: _____

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy:

Transfer card:

Proof of residence:

Report card:

Birth certificate:

Clinic card:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Eastern Cape: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Nationality: _____
Home language: _____
Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed
Communication: SMS E-mail Mail By hand
Comm language: _____
Mobile number: _____
Home tel: _____
E-mail: _____
Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Nationality: _____
Home language: _____
Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed
Communication: SMS E-mail Mail By hand
Comm language: _____
Mobile number: _____
Home tel: _____
E-mail: _____
Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number 1: _____

Contact number 2: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

SECTION A: FINANCIAL AGREEMENT (SCHOOL & HOSTEL)**IN TERMS OF THE SOUTH AFRICAN SCHOOLS ACT (Act 84 of 1996):**

- Status:** LGAA is a quintile 4, Section 21 fee-paying school.
- Liability:** Both parents/guardians are jointly and severally liable for school fees (under Section 39 of SASA) and, where applicable (if applying for hostel residence), hostel fees as determined by the SGB.
- Exemptions:** School fee exemption applications must be submitted by the last day of January. Note: Hostel fees are not subject to SASA fee exemptions and are payable in full as per school policy.
- Appeals:** You may appeal exemption decisions to the Head of the Dept. of Education.
- Default:** The school may take legal action to recover school or (where applicable) hostel arrears, which may result in a court judgment and a garnishee order against my salary. Parents are liable for all legal costs, interest, and collection commissions.
- Legal Address:** I choose my residential address on this form as my *domicilium citandi et executandi* for all legal notices.

CONTRACT WITH LGAA WITH REGARDS TO PAYMENT OF SCHOOL FEES AND, WHERE APPLICABLE, HOSTEL FEES

This AGREEMENT is made between LGAA and _____ (Parent/Guardian)

with regards to the payment of school/hostel fees for _____ (learner).

- As a Parent/Guardian, I accept liability for the payment of school fees and, where applicable, hostel fees, as determined in terms of Section 39 and 40 of the South African Schools Act.
- School and Hostel fees are set by a majority parent vote at the annual general meeting and then communicated to all parents.
- Payment of school/hostel fees to Lady Grey Arts Academy will be made as follows: (Tick the applicable block with a cross.)

 Full payment (once-off) on or before the last day of February 2027. A 5% discount applies. Payment per quarter (4 equal installments), payable in advance and due by day 7 of each Term. Payment over 11 months, payable in advance and due by day 7 of each month from January to November.

I/We the Parent/Guardian of above learner undertake to honour this agreement.

LGAA BANKING DETAILS

BANK: Standard Bank | BRANCH CODE: 050820

BANK ACCOUNT NUMBER (SCHOOL FEES): 28063 0379

BANK ACCOUNT NUMBER (HOSTEL): 28063 6792

REFERENCE: Family Code (printed on your Statement) OR Surname of child, Initial & Grade

SECTION B: GENERAL CONSENT (ACTIVITIES, MEDICAL & MEDIA)

I/We, the parent(s)/guardian(s) of _____, grant permission for the learner to:

1. Participate in all academic, sports, cultural, and (where applicable) hostel-related activities, including school-approved transport.
2. Receive emergency medical treatment. I confirm the learner is in good health and the medical info provided is accurate.
3. Be featured in school publications, website, or social media. I acknowledge I can revoke this imagery consent in writing.

SECTION C: DISCIPLINE & SCHOOL/HOSTEL RULES

1. I undertake to ensure the learner adheres to the School Code of Conduct and, where applicable (if applying for hostel residence), the Hostel Code of Conduct, including all disciplinary systems such as demerits and detentions.
2. I confirm no unauthorized items will be kept in the learner's luggage/possessions (or dormitory where applicable) and agree to collect my child immediately if they violate school or hostel rules.
3. **Searches & Testing:** I acknowledge and consent to the school's right to conduct searches of the learner's bags, possessions, and (where applicable) hostel room, and perform drug testing in accordance with the South African Schools Act and relevant school policies.

Note: All policies (School, Hostel, Search & Seizure, Drug Testing) are available at lgaa.co.za or can be viewed at the school office.

SECTION D: INDEMNITY

1. I/We unconditionally indemnify Lady Grey Arts Academy, its staff, and representatives against any claim, loss, or injury arising from the learner's use of school or (where applicable) hostel facilities, or participation in activities (except in cases of gross negligence).
2. I grant power of attorney to the Principal, Hostel Superintendent (where applicable), and/or staff to act and make decisions on my behalf in emergency situations.
3. I/We grant indemnity to the school and/or staff if my child has to be transported by the school and/or staff.

SECTION E: POPI ACT (DATA PRIVACY)

By signing this form, you consent to the school collecting and processing the personal and sensitive information provided. This data is used strictly for school administration and learner safety. We protect your information in line with the POPI Act, and you may request access to or correction of your data at any time.

FINAL BINDING DECLARATION AND SIGNATURE

I, the undersigned, hereby certify that I have the legal capacity to sign this application and that all information provided in this 4-page document is true and correct.

BY SIGNING BELOW, I EXPRESSLY ACKNOWLEDGE AND AGREE THAT:

I have read and understood the contents of this entire document (Pages 1–4), including the Financial, Disciplinary, and Indemnity terms for both the School and the Hostel (where applicable). I intend for this single signature to apply to every section, declaration, and consent mentioned in this document, and specifically:

Section A: The Financial Agreement and my liability for school fees.

Section B: The General Consents for activities, medical, and media.

Section C: The Discipline and School Rules (including Search and Drug Testing).

Section D: The Indemnity and Waiver of Liability.

Section E: The POPI Act Data Privacy consent.

I understand that this is a legally binding contract and I agree to abide by the School & Hostel Codes of Conduct and all official school policies.

Signed at **Lady Grey** on day _____ of _____ 20_____.

Name and Surname of Parent/Guardian: _____ Signature: _____

Name and Surname of Witness: _____ Signature: _____