

ASHFIELD GRAMMAR SCHOOL

Please note that the application process can only begin when we have received all the required documentation.

The documents will be reviewed. This process ordinarily takes only a few days. If there is space available, the offer of a place will be made in writing. When demand is high and limited space is available, fees will be due for the period between the acceptance of a place and the date the child starts school.

If a place is not available, the child's name will be placed on the waiting list for the respective class. The Admissions Team will contact the parent/guardian if and when a place becomes available. Applications will be retained for one calendar year.

Please note that the Head of School takes the final decision on acceptance.

Details of Pupil	
Legal Name (Surname)	
Legal Forename(s) (First Names)	
Preferred Forename	
Address Line 1	
Address Line 2	
Address Line 3	
Date of Birth	
Gender	
Hobbies and Interest	

- Does your child have special educational needs? Yes No

If Yes, please provide details: _____

- Does your child have a disability? Yes No

If Yes, please provide details: _____

- Is your child on regular medication? Yes No

If Yes, please provide details: _____

- Is your child allergic to any medication and/or food? Yes No

If Yes, please provide details: _____

- Please make sure you provide us with any other information you consider the school needs to be aware of:
Asthma, Diabetes, ect.

IN CASE OF ANY EMERGENCY, I/WE GIVE THE SCHOOL PERMISSION TO SEEK MEDICAL CARE FROM EITHER A CLINIC OR HOSPITAL AND I/WE TAKE THE RESPONSIBILITY FOR ANY COST INCURRED. THE SCHOOL INSURANCE MAY REFUND THEREAFTER.

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Parent/Guardian 1 Details:

Relation to pupil	
Title	
Legal Name (Surname)	
Legal Forename(s) (First Names)	
Occupation	
Home address	
Work Place Address	
Work Telephone No	
Home Telephone No	
Mobile	
Email Address	
ID Card/Passport No	

Parent/Guardian 2 Details:

Relation to pupil	
Title	
Legal Name (Surname)	
Legal Forename(s) (First Names)	
Occupation	
Home address	
Work Place Address	
Work Telephone No	
Home Telephone No	
Mobile	
Email Address	
ID Card/Passport No	

Other Guardians Details in case of an emergency we cannot reach you:

Relation to pupil	
Title	
Legal Name (Surname)	
Legal Forename(s) (First Names)	
Occupation	
Home address	
Work Place Address	
Work Telephone No	
Home Telephone No	
Mobile	
Email Address	
ID Card/Passport No	

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Confirmation

I/We request that the above named child be registered as a future pupil. I/We understand that the standard terms and conditions of the school will undergo reasonable changes from time to time and will apply in all my/our dealings with the school. I/We also understand that the school may obtain, process and hold personal information about my/our child, including sensitive information such as medical details, and I/we consent to this for the purposes of assessment and if a place is offered, in order to safeguard my/our child's welfare.

I/We confirm having read the terms and conditions of Ashfield Grammar School. I/We understand that, although believed correct at the time of application, certain statements may become out of date from time to time and that I/we should seek written confirmation of any specific statements upon which I/we wish to place specific queries before accepting the offer of a place.

Signature *

This form must be signed by the parent(s)/guardian(s) applying for admission of the above named child and who it is assumed will be responsible for school fees.

Parent/Guardian 1

Name: _____

Relation to pupil: _____

Signature: _____

Date: _____

Parent/Guardian 2:

Name: _____

Relation to pupil: _____

Signature: _____

Date: _____

To complete the application papers we also require:

- A scanned copy or photocopy of the child's birth certificate
- Scanned photocopies of parents'/responsible parties' identity cards or passports
- A scanned copy or photocopy of the child's vaccination card
- 2 passport size photographs with the child's name written clearly on the back
- Results of external assessments (e.g. Learning Support, Speech Therapy, OT, Ed. Psych)
- A copy of confirmation of payment of the application fee of MUR 5