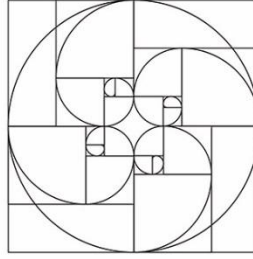


GALASA

GIFTED & ADVANCED LEARNING ACADEMY OF SOUTH AFRICA



ADMISSION APPLICATION FORM

Please submit this form directly to GALASA via the addresses provided below, for attention Mr. D. Silman. For any queries please phone 083 554 7647.

Please return to: email: davidsilman@galasa.org.za

STREET ADDRESS**POSTAL ADDRESS**

38 Oxford Road

P.O Box 5168

Parktown

Raedene

Johannesburg

Johannesburg

2193

2124

Applicant's Name _____

Surname

First

Middle

Nickname

Address _____

City _____ Province _____ Postal Code _____

Cell _____ Email _____

Country of Birth _____ Country of Citizenship _____

Date of Birth _____ Applying for year beginning 2 _____

Current School or Program _____

Current grade _____ Applying for grade _____

Full Name of Parent/Guardian 1 _____

Relationship to Applicant _____

Home address (if different) _____

Home Telephone _____ Cell _____ Email _____

Occupation _____ Title _____

Employer name _____ Work phone _____

Business address _____

Full Name of Parent/Guardian 2 _____

Relationship to Applicant _____

Home address (if different) _____

Home Telephone _____ Cell _____ Email _____

Occupation _____ Title _____

Employer name _____ Work phone _____

Business address _____

If family is not together please give the following information:

With whom does the child reside? _____

Name of step-parent with whom the child resides (if any) _____

Who will be financially responsible for the child? _____

Other children in the family:

Name _____ Gender _____ Birthday _____

Name _____ Gender _____ Birthday _____

Name _____ Gender _____ Birthday _____

Child's participation in co-curricular activities / hobbies / sports / computer gaming

Through what source did you learn about GALASA?

educational consultant internet teacher radio other. Please elaborate.

Has the child ever been subject to serious school disciplinary action (expulsion, suspension, probation)?

If yes, please explain _____

SPONSOR/DONOR DETAILS**Name of Private Sponsor/Donor** _____

Home address (if different) _____

Home Telephone _____ Cell _____ Email _____

Occupation _____ Title _____

Employer name _____ Work phone _____

Work address _____

Name of Corporate Sponsor/Donor _____

Contact person _____

Telephone _____ Cell _____ Email _____

Occupation _____ Title _____

Business address _____

APPLICATION STATEMENT

Please read the following information carefully before signing and acknowledging the contents of this application and GALASA admissions policies.

I, _____ hereby make application to GALASA for (applicant's name) _____ and undertake to pay GALASA annual school fees in the amount of R 55 800, payable in quarterly instalments of R13 950, in advance of each school term.

If it is determined that information provided in this or any other document relating to application for admission is incomplete or false, GALASA reserves the right, at any time, to withdraw any offer of admission and may terminate placement. All information pertinent to your child's application will be held in the strictest confidence.

Parent/Guardian 1 signature _____ Date: _____

Parent/Guardian 2 signature _____ Date: _____

GALASA admits pupils of any race, gender, religion and ethnicity to all the rights, privileges, programs, and activities generally accorded or made available to pupils of the school. It does not discriminate on the basis of race, gender, religion or ethnic origin in the execution of any of its policies and programmes.