

## APPLICATION FOR ADMISSION

A R1,000 non-refundable application fee is required to process this application, in addition to the required documents listed. This application must be completed in full in order to be processed.

### STUDENT'S PERSONAL INFORMATION

Surname.....

First/middle name(s).....

Preferred name.....

Female  Male Date of birth: Day..... Month..... Year.....

Date of entry at AISCT ..... Current grade, class or year.....

Nationality of student ..... South African ID No.....

Please list siblings and ages.....

South African students must provide **unabridged birth certificate**. All other students must provide a valid **passport**.

#### FOREIGN STUDENTS

Student Passport No..... Expiry date.....

Foreign students in Grade 1 and older are required to provide a **study visa** before commencing studies.

### FAMILY INFORMATION

#### Father/Legal Guardian (must be a family member)

#### Mother/Legal Guardian (must be a family member)

Name.....

Name.....

Surname.....

Surname.....

Nationality.....

Nationality.....

Home address.....

Home address.....

Home Tel. ....

Home Tel. ....

Mobile.....

Mobile.....

Email.....

Email .....

Occupation.....

Occupation.....

Employer .....

Employer .....

Work address.....

Work address.....

Work Tel. ....

Work Tel. ....

Home address of student in Cape Town if different to the above:

.....  
 .....



**EDUCATIONAL INFORMATION**

1. From Grade 1, AISCT students are required to take a foreign language. Please indicate student's foreign language preference:

French     Spanish

2. Is the student's home language one other than English?

Yes     No

If YES, please answer the next four questions.

2.1 Student's home language .....

2.2 Language of instruction at student's current school .....

2.3 English language level

Fluent     Fair     Little     None

2.4 Is the student currently enrolled in an ELL/ESL class or receiving support?

Yes     No

3. Has the student skipped a grade or been in a gifted, talented, honors, or accelerated program?

Yes     No

If YES, please explain, including grade level. ....

4. Has the student been diagnosed as having a learning disability or difficulty (e.g. ADHD, dyslexia, etc.)?

Yes     No

If YES, please explain and submit student's latest IEP, educational psychologist report and/or accommodations program with this application. ....

5. Has the student ever had any special/remedial help/tuition (e.g. special education, remedial reading/math, etc.)

Yes     No

If YES, please explain, including grade level. ....

6. Has the student ever received speech, language, or occupational therapy?

Yes     No

If YES, please explain. ....

7. Does the student have behavioral traits or special needs of which the teacher should be aware?

Yes     No

If YES, please explain. ....

8. Has the student ever been retained or asked to withdraw from any school?

Yes     No

If YES, please explain, including grade level and name of school. ....

**PLEASE NOTE:** AISCT requires a copy of the student's current two years of academic records (e.g. report cards/transcripts) to be submitted with this application to consider the student for admission. For high school students, records must be provided for ALL high school years. In addition, for all students entering Kindergarten 2 to Grade 12, AISCT requires completion of our Student Referral form by the current school and completion of our admissions assessment, which can be taken on our campus or sent to the current school to administer.

**CURRENT SCHOOL**

Name of current school.....

Address of school .....

Admissions contact or school counselor.....

Email address.....

Tel. .... Fax .....



**MEDICAL INFORMATION**

1. Does the student enjoy good health?

Yes       No

If NO, please provide details. ....  
 .....

2. Does the student have any physical disabilities or difficulties (e.g. eyeglasses, hearing aid, wheelchair, etc.)?

Yes       No

If YES, please provide details, including conditions of usage for eyeglasses, hearing aid, etc. ....  
 .....

3. Does the student have any special medical conditions (e.g. epilepsy, seizures, anxiety, diabetes, etc.)?

Yes       No

If YES, please provide details, including medication needed for the condition. ....  
 .....

4. Does the student have any allergies, including food, drugs and stings?

Yes       No

If YES, please provide details, including reactions and medication needed for the allergy. ....  
 .....

5. Does the student take any regular/chronic medication and/or use an inhaler?

Yes       No

If YES, please provide details, including name of medication and frequency of usage. Please note that all medications must be left at the office with written instructions. ....  
 .....

6. Does the student receive treatment for any medical, surgical, or psychological condition/reason?

Yes       No

If YES, please provide details. ....

7. Is there any other important information the school should know about the student's health?

Yes       No

If YES, please provide details. ....

8. Please list all childhood diseases the student has had. ....  
 .....

**MEDICAL CONTACT**

Family doctor ..... Tel. ....

Address .....  
 .....

Medical scheme ..... Membership No. ....

Main member's name .....

Please include an updated copy of the **student's immunization record** with this application.

**PLEASE NOTE:** It is advised that all AISCT students have up-to-date immunizations according to the Vaccine (EPI) Schedule for South Africa. The current schedule can be found online.



**CONDITIONS OF ENTRY**

- This form must be accompanied by a non-refundable application fee of R1,000. No foreign currency cash or traveler’s checks will be accepted.
- Acceptance of an offer of place will render the applicant liable for payment of first semester fees. In addition, a non-refundable seat deposit of R15,000 is payable at the time of acceptance. PLEASE NOTE: the R15,000 seat deposit will be credited towards Semester 2 fees.
- Fees are due in advance of student’s beginning school, either annually or by semester. Please refer to the AISCT Tuition Fees Policy.
- The applicant undertakes to comply with school rules and policies as set out in the Parent-Student Handbook, accessible at [www.aisct.org](http://www.aisct.org).
- By signing below, the parent/guardian gives AISCT permission to obtain or confirm school records from previous/ current school(s) listed above, if necessary.

**INVOICE DETAILS**

1. Fees will be paid by:  
 Parent  Guardian  Employer
2. If fees are paid by parent/guardian, will they be recharged or expensed to the employer?  
 Yes  No

Name.....

Address.....

Tel. .... Email.....

Parent/Guardian Signature..... Date.....

I,..... declare that the above is my legally binding signature and that all information listed on this Application for Admission is true. Failure to disclose full and accurate information may result in termination of enrollment.

A R1,000 non-refundable application fee is required to process this application, in addition to the required documents listed. Please email to [admissions@aisct.org](mailto:admissions@aisct.org).

**AISCT BANKING DETAILS**

**Name of account** AISCT Learning Academy  
**Name of bank** ABSA Bank, Adderley Street, Cape Town, South Africa  
**Account number** 4053812292  
**Branch/clearing code** 632005  
**Swift code** ABSAZAJJ

**HOW DID YOU LEARN ABOUT AISCT?**

- Google search  School website  Newspaper/magazine  Family  Friends  
 Relocator  Employer/company  Other (Please specify) .....

