

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.

*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.

If student is not South African but either parent is, kindly attach a copy of the parent's South African ID document. This information is required to grant waiver of capital fee charges after initial enrollment year.

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

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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 previous school

2.3 Student’s level of English proficiency

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 previous two years of academic records (e.g. report cards/transcripts) to be submitted with this application to consider the student for admission. For a high school student, 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 support services form by the current school and completion of our entrance exam, which can be taken on our campus or sent to the current school to administer.

PREVIOUS SCHOOL

Name of previous 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 R850. 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 R5,000 is payable at the time of acceptance. No student will be admitted to school until this fee is paid in full. PLEASE NOTE: the R5,000 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.
- By signing below, the parent/guardian gives AISCT permission to obtain or confirm school records from previous 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 R850 non-refundable application fee is required to process this application, in addition to the required documents listed. Please email to 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)