

APPLICATION FOR ADMISSION

A R1,200 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

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South African students must provide X Q D E U L G J H G E L U W K F H U W L ö F D W H. All other students must provide a valid pas

FAMILY INFORMATION

Father/Legal Guardian (must be a family member)

Mother/Legal Guardian (must be a family member)

Surname Surname

Name Name

Nationality Nationality

Home address Home address

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Home Tel. Home Tel.

Mobile Mobile

Email Email

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Occupation Occupation

Employer Employer

Work address Work address

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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 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.

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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

MEDICAL INFORMATION

1. Does the student enjoy good health?

Yes No

If NO, please provide details.
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Yes No

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

CONDITIONS OF ENTRY

- This form must be accompanied by a non-refundable application fee of R1,200. No foreign currency cash or traveler's checks will be accepted.
- 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

