



American International School of Cape Town

Constantia, Cape Town, R.S.A.

A R850 non-refundable Application Fee is required to process this application
(No foreign currency cash or traveler's checks accepted)

APPLICANT'S PERSONAL INFORMATION (Please complete in block capital letters)

1. Name of student (surname)
2. First / middle name (s)
3. Name by which student prefers to be called
4. Sex: Female/Male Date of Birth: Day Month Year
5. Planned date of entry: Age on 1 Oct this year
6. Currently studying in Grade..... Standard..... Form.....
7. Nationality (Please attach photocopy of passport ID page)
8. **Passport No. and Expiry Date / or I.D. No.**.....
9. Home Address in Cape Town
10. At what age did student begin formal schooling?
11. Has this student had any special or remedial help in the past (for example, remedial reading, math, special education)?NOYES (If yes, please specify)
12. Has this student ever been diagnosed as having a learning disability?NOYES
(If yes, please specify)
13. Does this student have any behavioral traits or special needs of which the teacher should be aware?
.....NOYES (If yes, please specify)
14. Has this student ever been asked to withdraw from any school?NO.....YES.
(If yes, please specify)
15. Does this student enjoy normal health?YESNO
(If no, please provide complete background information.)
16. Name of previous school with contact address and telephone number:
(It is imperative that copies of records of previous schooling are included with this application.)
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17. Student's first language:
18. If other than English, what was language of instruction in the previous school?
.....
19. If English is not this student's native language, how much formal instruction in the language has s/he had?
..... Where?
20. Please circle your assessment of his/her English proficiency: Fluent / Fair / Little / None

FAMILY INFORMATION

	Father/Legal Guardian	Mother/Legal Guardian
Full Name
Address

Home Tel. No.
Work Tel. No.
Fax Number (s)
Mobile No.
E-mail Address
Parents' Nationality
Occupation (s)
Name & Address
Of Employer (s)

International Co.?	(Y) (N)	(Y) (N) (please circle)
Names & Ages
Of other children

How did you hear about AISCT?Internet Newspaper RelocatorFamily/Friends
 Other (explain)

 Parent Signature

 Date

Fees will be paid by : Parent / Guardian / Employer

This application can be submitted by mail or faxed to: 42 SOETVLEI AVENUE, CONSTANTIA 7806
 Cape Town, South Africa FAX: +27 21 713 2240
 aisct@aisct.org.za

AISCT Banking Details:

Name of Account: AISCT Learning Academy
 Name of Bank: ABSA Bank, Adderley Street, Cape Town
 Account # : 4053812292
 Branch/Clearing Code: 312-109
 Swift Code: ABSAZAJJ