



INTERNATIONAL
SCHOOL
OF CAPE TOWN

Dear Parent/Guardian

We are delighted that you have chosen to apply to the International School of Cape Town. We will do our best to ensure that we make the application process as smooth as possible.

In order to achieve this, kindly complete the application form in full and attach the following documentation:

1. **REQUIRED** A copy of Child's Birth Certificate
2. **IF APPLICABLE** A copy of Child's last School Report
3. **REQUIRED** A copy of Both Parent/s Identity Documents or Passports
4. **REQUIRED** Proof of Residence if living in South Africa
5. **REQUIRED** Proof of Income i.e. copy of payslip or certified letter from accountant
- 6.

For non South African Citizens:

7. **IF APPLICABLE** A copy of the Work Permit
8. **IF APPLICABLE** A copy of the child's Study Permit (if in hand). This is NOT required if one parent has South African Citizenship.
9. **IF APPLICABLE** A copy of the Permanent Residence document (If applicable)

For applications by a Guardian:

10. **REQUIRED** Legal proof of Guardianship

Please deliver this application form for ATT: Helen Temple, along with the above list of documents to Reception. Please register this application at Reception by paying the **R500 (R650 if paying from outside South Africa)** Registration Fee. Alternatively, the application form and documents can scanned and emailed to h.temple@isct.co.za along with the proof of payment confirmation or bank deposit slip. We do not accept credit card payments.

Our banking details are:

FIRST NATIONAL BANK (FNB)
BRANCH/BRANCH CODE: CLAREMONT/250655 or 200109
ACCOUNT NAME: The International School of Cape Town
ACCOUNT NO.: 62358057183
SWIFT CODE: FIRZAJJ

Please note that in order to secure a place at the school a **R8500 Placement Fee** is required which is **non-refundable** and payable on confirmation of a place. Given the nature of our schooling system which accommodates an intake of foreign and local children throughout the year, it is essential that we apply a Placement Fee, to keep a track of admission commitments made by the school and the parent/s involved.

Should you have any queries regarding the Admissions process kindly contact Helen Temple at +27 21 7635300 or email her on h.temple@isct.co.za

Yours faithfully

David Hunter
Principal

Woodland Heights • Edinburgh Close • Wynberg • 7800 • Cape Town • South Africa • T +27 21 761 6202
Struben House • 31 Eden Road • Claremont • 7708 • Cape Town • South Africa • T +27 21 180 4240
W www.isct.co.za • E info@isct.co.za

International School of Cape Town

Application for Enrolment



OFFICE USE:

SECTION A: APPLICANT'S INFORMATION

Name:	Surname:
Male / Female	Date of birth: Day: Month: Year:
Home Language:	Other languages spoken:
Nationality:	Citizenship:
Requested date of entry:	Requested ISCT Class
Day: Month: Year:	(eg: Nursery / Year 6):
If applicant is a non South African, please indicate current status in South Africa:	
Permanent Resident / Temporary Residency / Diplomatic Status / Other _____	
Please note: A study permit will need to have been applied for and supplied to the school for all non South African citizens	
Study permit Required: Yes / No	

SECTION B: PARENT/GUARDIAN INFORMATION

	Parent/Guardian 1	Parent/Guardian 2
Surname:		
First name:		
Title:		
Marital Status:		
Nationality:		
ID/Passport no:		
Home Tel no:		
Work no:		
Cell/Mobile no:		
Email address:		
Physical address:		
Occupation:		
Employer's name:		
Employer's address:		
Employer's tel no:		

**ISCT****SECTION C: APPLICANT'S EDUCATIONAL DATA**

Currently studying in Year / Grade:

Name of current / last school:

City and country of current / last school:

Name of Principal:

Tel no:

Permission to request details from school if required: Yes / No

SECTION D: FAMILY DETAILS—OTHER SIBLINGS

Name	Position in Family	Age

SECTION E: MEDICAL AND SPECIAL EDUCATIONAL NEEDS INFORMATION

Family Doctor:	Tel no:									
Medical Insurer:	Tel no:									
Name of Alternate contact for emergencies:	Tel no:									
Relationship to child:										
Serious allergies/Medical conditions:										
Specify chronic medication your child is on:										
<p>Does your child have or require any of the following:</p> <table border="0"> <tr> <td>A learning disability</td> <td>Speech Therapy</td> <td>Occupational therapy</td> </tr> <tr> <td>Visual/Auditory difficulties</td> <td>Behavioural/Discipline problems at home or school</td> <td>Any problems with substance abuse</td> </tr> <tr> <td>Emotional issues/Depression/ Eating disorder</td> <td colspan="2">Further details/Other:</td> </tr> </table> <p>Please provide us, if possible, with a recent report regarding any of the above. Failure to disclose relevant information could lead to review of final acceptance, where applicable.</p>		A learning disability	Speech Therapy	Occupational therapy	Visual/Auditory difficulties	Behavioural/Discipline problems at home or school	Any problems with substance abuse	Emotional issues/Depression/ Eating disorder	Further details/Other:	
A learning disability	Speech Therapy	Occupational therapy								
Visual/Auditory difficulties	Behavioural/Discipline problems at home or school	Any problems with substance abuse								
Emotional issues/Depression/ Eating disorder	Further details/Other:									

SECTION F: PAYMENT OF FEES

Payment of Fees in respect of (name of student):

Please note that Parents are responsible for all monies to be paid to the School, regardless of whether the child is sponsored by a Company or Trust etc.

I give consent to the International School of Cape Town to obtain the credit info to be used for the prescribed purpose of the International School of Cape Town.

Signed:

I / we hereby acknowledge that the information I / we have provided on this application for admission is accurate and complete. I / we agree to the conditions set out above.

Name:**Signature:****Relationship to child:****Date:**