



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:

**PLEASE NOTE THAT THE APPLICATION WILL ONLY BE COMPLETE IF ALL THESE DOCUMENTS ARE SUBMITTED. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FULL SET OF DOCUMENTS.**

FOR ALL APPLICANTS	
1. Copy of Child's Birth Certificate or passport	REQUIRED
2. Copy of Child's last School Report	IF APPLICABLE
3. Copy of Both Parent/s Identity Documents or Passports	REQUIRED
4. Proof of Residence if living in South Africa	REQUIRED
5. Proof of Income i.e. copy of payslip or certified letter from accountant	REQUIRED
FOR NON SOUTH AFRICAN CITIZENS	
6. Copy of the Work Permit	REQUIRED
7. Copy of the child's Study Permit (if in hand). This is NOT required if one parent has South African Citizenship.	IF APPLICABLE
8. Copy of the Permanent Residence document (If applicable)	IF APPLICABLE
FOR APPLICATIONS BY A GUARDIAN:	
9. Legal proof of Guardianship	IF APPLICABLE

Please deliver this application form for ATT: Bronwyn Arnold, **along with the above list of documents** to reception. Please register this application at reception by paying the [NON-REFUNDABLE R600 Registration Fee](#). Alternatively, the application form and documents can scanned and emailed to [b.arnold@isct.co.za](mailto:b.arnold@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:

**BANK** FIRST NATIONAL BANK (FNB)  
**BRANCH** CLAREMONT  
**BRANCH CODE** 250655 or 200109  
**ACCOUNT NAME** The International School of Cape Town  
**ACCOUNT NUMBER** 62358057183  
**SWIFT CODE** FIRZAJJ

Please note that in order to secure a place at the school a **non-refundable Placement Fee** is required. This amount is 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 Bronwyn Arnold at +27 21 7635300 or email her on [b.arnold@isct.co.za](mailto:b.arnold@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](http://www.isct.co.za) • E [info@isct.co.za](mailto:info@isct.co.za)

# International School of Cape Town

## Application for Enrolment



Applicants Surname: \_\_\_\_\_

Applicants First Name/s: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Male	Female
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Please tick the requested class:

Nursery	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	

Requested Date of Entry: \_\_\_\_\_

SECTION A : APPLICANTS INFORMATION							
Applicants ID/Passport Number							
Home Language							
Other Languages spoken							
Nationality		Citizenship					
If applicant is a non-South African, please indicate current status in South Africa: <b>PLEASE TICK THE APPROPRIATE BOX</b>							
Permanent Resident		Temporary Residency		Diplomatic Status		Other _____	
<b>Please note: A study permit will need to have to be applied for and supplied to the school for all non-South African citizens</b>							
Study permit Required: Yes / No							
APPLICANTS EDUCATIONAL DATA							
Name of current / last school							
City and country of current / last school		Currently studying in Year / Grade					
Name of Principal		Tel no					
Permission to request information from school, if required				Yes	No		
Subject choices (Year 7 and up):							
MEDICAL AND SPECIAL EDUCATIONAL NEEDS INFORMATION							
Family Doctor		Telephone Number					
Medical Insurer		Policy Number					
Serious Allergies/Medical Conditions:							
Specify any chronic medication your child is on:							
Does your child have or require any of the following:							
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:	
Please provide us, if possible, with a recent report regarding any of the above.							
<b>Failure to disclose relevant information could lead to review of final acceptance, where applicable</b>							
ALTERNATE CONTACT IN CASE OF EMERGENCIES							
Name		Relationship to child					
Tel. No.							

**SECTION B: PARENT/GUARDIAN INFORMATION**

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		

**SECTION C: 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.**

\_\_\_\_\_  
MOTHER/GUARDIAN  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER/GUARDIAN  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ACKNOWLEDGMENT**

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.

\_\_\_\_\_  
MOTHER/GUARDIAN  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER/GUARDIAN  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE