



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 |
| 6. 3 Month Bank Statement (Personal Bank Account) | REQUIRED |
| FOR NON SOUTH AFRICAN CITIZENS | |
| 7. Copy of the Work Permit | REQUIRED |
| 8. Copy of the child's Study Permit (if in hand). This is NOT required if one parent has South African Citizenship. | IF APPLICABLE |
| 9. Copy of the Permanent Residence document (If applicable) | IF APPLICABLE |
| FOR APPLICATIONS BY A GUARDIAN: | |
| 10. 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 R 750 Registration Fee**. Alternatively, the application form and documents can scanned and emailed to 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

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



Applicants Surname: _____

Applicants First Name/s: _____

Date of Birth: Day: _____ Month: _____ Year: _____

| | |
|------|--------|
| Male | Female |
|------|--------|

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: PLEASE TICK THE APPROPRIATE BOX | | | |
| Permanent Resident | Temporary Residency | Diplomatic Status | Other _____ |
| Please note: A study permit will need to have to be applied for and supplied to the school for all non-South African citizens | | | |
| 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. | | | |
| Failure to disclose relevant information could lead to review of final acceptance, where applicable | | | |
| 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