



INTERNATIONAL SCHOOL OF CAPE TOWN

Woodland Heights • Edinburgh Close • Wynberg 7800 • Cape Town • South Africa
Tel: +27 21 761 6202 • Fax: +27 21 761 0129 • Email: info@isct.co.za • www.isct.co.za

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. A copy of Child's Birth Certificate
2. A copy of Child's last School Report (Not required for Pre-Reception)
3. A copy of Child's Level or SATS results (if applicable)
4. A copy of Both Parent/s Identity Documents or Passports
5. Proof of Residence i.e. Utility bill, telephone account or copy of lease agreement
6. Proof of Income i.e. copy of payslip or certified letter from accountant

For non South African Citizens:

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

For applications by a Guardian:

10. Legal proof of Guardianship

Please deliver this application form for ATT: Helen Temple, Marketing & Admissions, 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 be scanned and emailed to h.temple@isct.co.za along with the proof of payment confirmation or bank deposit slip.

Our banking details are:

STANDARD BANK: Constantia Courtyard

BRANCH CODE: 02-53-09

ACCOUNT NAME: The International School of Cape Town

Account No: 07 174 1186

Please note that in order to secure a place at the school a R7500.00 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 7635302 or email her on h.temple@isct.co.za.

Yours faithfully

David Hunter

Principal



Principal: David Hunter BA Hons HDE • Directors: Lesley Moore, John Fielden • ISCT is a CfBT school, and part of a not-for-profit organisation • ISCT is a member of ISASA (Independent Schools Association of South Africa)



International School of Cape Town

Application for Enrolment



SECTION A: Applicant's Information

Date of Application:

Name of Applicant:	Name:			
	Surname:			
Gender:	Male/Female			
Date of Birth:	Day:	Month:	Year:	
Religious Affiliation:				
Home Language:	Other languages spoken:			
Nationality:	Citizenship:			
Requested date of entry:	Day:	Month:	Year:	
Requested ISCT class (eg: Nursery/ Year 2):				
If applicant is a non South African, please tick 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: 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: _____ Fax: _____
Permission to request details from school if required: Yes _____ No _____	



SECTION C: Parent/Guardian Information

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

Section D: Family Details - Other Siblings

Name	Position in Family	Age



Section E: Medical and Special Education Needs Information

Family Doctor:	Tel no:
Medical Insurer:	Tel no:
Name of Alternate contact for emergencies:	
Relationship to child:	Tel no:
Serious allergies/Medical conditions:	
Specify chronic medication your child is on:	
<p>Does your child have or require any of the following: (Please indicate where appropriate)</p> <p>A learning disability: Speech Therapy: Occupational Therapy: Visual/auditory difficulties: Behavioural/discipline problems at home or school: Any problem with substance abuse: Emotional difficulties/ Depression/Eating Disorder/other:</p> <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>	

Section F: Payment of Fees:

Payment of Fees in respect of (name of student):
<p>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.</p> <p>I give consent to the International School of Cape Town to obtain the credit info to be used for the prescribed purpose of International School of Cape Town. Signed:</p>

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: _____