



Alpha Study Centre

Individual Learning Excellence

Pty (Ltd)

APPLICATION FORM

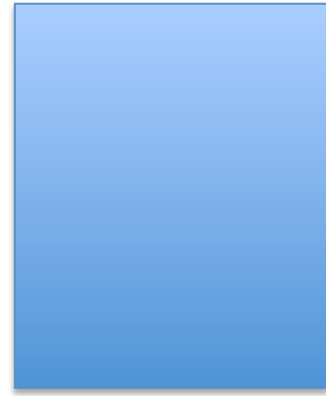
Full name of student in block letters

Previous Grade passed

Year

THIS APPLICATION MUST BE ACCOMPANIED BY:

- A copy of student's birth certificate
- Student's ID (if 16 and over)
- Copies of father's, mother's and/or guardian's ID document/passport
- Set of 4 Passport-size photo of student (For exam application forms)
- Proof of residence



STUDENT'S DETAILS:

First name _____ Surname _____

Middle name _____ Preferred name _____

Gender Male Female ID/Passport no. _____

Date of birth _____ Place of birth _____

Relationship to parent/guardian _____

Living with Parents Father Mother Other Please specify _____

Religion _____ Language most fluent in _____

Does the student participate in any extra –curricular activities which may prevent the student from attending Centre on a regular basis? Please Specify. _____

Student email: _____ Student Cell number: _____

These are required purely for communication purposes and feedback.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

Title _____

First name _____

Surname _____

Home tel _____

Cell _____

Email _____

Profession _____

Employer _____

Work tel _____

Employment physical address _____

Nationality _____

Language _____

ID/Passport no _____

Postal address _____

postal code _____

PARENT/GUARDIAN 2

Title _____

First name _____

Surname _____

Home tel _____

Cell _____

Email _____

Profession _____

Employer _____

Work tel _____

Employment physical address _____

Nationality _____

Language _____

ID/Passport no _____

Postal address _____

Postal code _____

Physical address _____

Physical address _____

_____ postal code _____

_____ postal code _____

Parent/guardian relationship Married Divorced Life partners Separated

MEDICAL DETAILS:

Allergies _____

Medical conditions _____

Chronic Medication _____

Previous operations _____

Has the student ever received any psychometric testing or other intervention (counseling, learning support, reading or speech therapy, remediation etc.)? If so please furnish details

Medical aid details:

Medical aid: _____ Medical aid number: _____

Main member: _____ Main member ID: _____

Family Doctor: _____ Contact number: _____

Preferred hospital or clinic: _____

FINANCIAL:

Parent/Guardian/Third party responsible for

account: _____

I _____ accept full responsibility for the payment of fees for _____. I have read and accepted the Terms and Conditions of Alpha Study Centre.

Signature: _____ Date: _____

Bellow is a list of all the possible IGCSE and AS level subjects available at the Centre. Please indicate with a tick which subjects your child would be interested in taking.

English

Afrikaans

Mathematics

Biology

Physics

Chemistry

Geography

History

Economics

Business studies

Accounting

Computer Science

English Literature

Sociology

Art

ICT
