



# Alpha Study Centre

Individual Learning Excellence

Pty (Ltd)

## APPLICATION FORM

Full name of student in block letters

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Previous Grade passed

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Year

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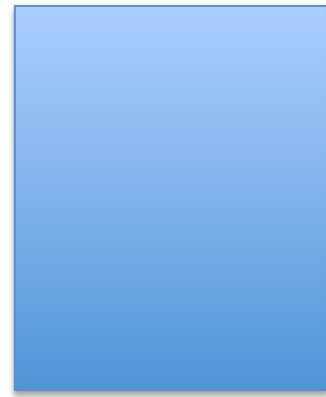
[info@alphastudy.co.za](mailto:info@alphastudy.co.za)

[www.alphastudy.co.za](http://www.alphastudy.co.za)

Initial \_\_\_\_\_

**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.

Initial \_\_\_\_\_

## 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 \_\_\_\_\_

Physical address \_\_\_\_\_

### 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 \_\_\_\_\_

Initial \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ postal code \_\_\_\_\_ postal code \_\_\_\_\_

Parent/guardian relationship Married  Divorced  Life partners  Separated

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**MEDICAL DETAILS:**

Initial \_\_\_\_\_

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. I give Alpha Study Centre PTY (LTD) permission to run a credit check through TPN Credit Bureau.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Initial \_\_\_\_\_