

ACE Leadership School

53 West Road President Park Midrand 1685 South Africa

Tel : +27 11 023 7300 Email : info@aceschools.online

Web: www.aceschools.online

**COMMON APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CAMPUS OF CHOICE** | | | | | | |  | | | | | | | | | | |
| **PROGRAM** | | | | | | |  | | | | | | | | | | |
| STUDENT FAMILY NAME | |  | | | | APPLICATION DATE | | | | | | | | |  | | |
| OTHER NAME (S) | |  | | | | SEMESTER OR SESSION | | | | | | | | |  | | |
| BIRTH DATE | |  | | | | GRADE /LEVEL | | | | | | | | |  | | |
| NATIONALITY | |  | | | | | | | | | | | GENDER | |  | | |
| CONTACT NUMBER | |  | | | | | | EMAIL ADDRESS | | | | | | |  | | |
| CURRENT SCHOOL | |  | | | | | | CURRENT GRADE LEVEL | | | | | | |  | | |
| **ENGLISH LANGUAGE PROFICIENCY** | | | | | | | | **OTHER LANGUAGE :** | | | | | | |  | | |
| SPOKEN | |  | | | | | | SPOKEN | | | | | | |  | | |
| WRITTEN | |  | | | | | | WRITTEN | | | | | | |  | | |
| WHAT OTHER COUNTRIES HAS STUDENT LIVED IN | | | | | | | | | |  | | | | | | | |
| **SCHOOLS PREVIOUSLY ATTENDED :** | | | | | | | | | | | | | | | | | |
| NAME OF SCHOOL 1 : |  | | | | | | | EXACT ADDRESS : | | | | | | |  | | |
| GRADES : |  | | | | | | | FROM- TO : | | | | | | |  | | |
|  |  | | | | | | |  | | | | | | |  | | |
|  |  | | | | | | |  | | | | | | |  | | |
| NAME OF SCHOOL 2: |  | | | | | | | EXACT ADDRESS : | | | | | | |  | | |
| GRADES : |  | | | | | | | FROM- TO : | | | | | | |  | | |
| **HOW DID YOU HEARD ABOUT THE SCHOOL** | | | | | | | | | | | | | | |  | | |
| **PARENT INFORMATION** |  | | | | | | |  | | | | | | |  | | |
|  |  | | | | | | |  | | | | | | |  | | |
| **PARENT 1** | | | | | | | | | | | | | | | | | |
| FULL NAME |  | | | | | | | RELATIONSHIP | | | | | | |  | | |
| HOME PHONE |  | | | | | | | BUSINESS PHONE | | | | | | |  | | |
| CELL PHONE |  | | | | | | | EMAIL | | | | | | |  | | |
| STREET ADDRESS |  | | | | | | | |  |  | | --- | --- | |  | USE STUDENT ADDRESS | | | | | | | | | | |
| EMAIL |  | | | | | | | CELL PHONE | | | | | | |  | | |
| COUNTRY | | | | | | | |  | | | | | | | | | |
| REGION  DISTRICT |  | | | | | | | TOWN  P.O. CODE | | | | | | |  | | |
| COMMUNICATION PREFERENCE: | | | | |  |  | | --- | --- | |  | EMAIL | |  | WHATSAPP | | | | | | | | |  |  | | --- | --- | |  | HOME | |  | CELL | | | | | | |  |  | | --- | --- | |  | BUSINESS | |  | SMS (TEXT) | | |
| |  |  | | --- | --- | | OCCUPATION |  | |  | | | | | | | |  |  | | --- | --- | |  | AUTHORIZED TO PICK-UP CHILD | |  | EMERGENCY CONTACT | | | | | | | | | | |
| **PARENT 2** | | | | | | | | | | | | | | | | | |
| FULL NAME |  | | | | | | | RELATIONSHIP | | | | | | |  | | |
| HOME PHONE |  | | | | | | | BUSINESS PHONE | | | | | | |  | | |
| CELL PHONE |  | | | | | | | EMAIL | | | | | | |  | | |
| STREET ADDRESS |  | | | | | | | |  |  | | --- | --- | |  | USE STUDENT ADDRESS | | | | | | | | | | |
| EMAIL |  | | | | | | | CELL PHONE | | | | | |  | | | |
| COUNTRY |  | | | | | | | | | | | | | | | | |
| REGION  DISTRICT |  | | | | | | | TOWN  P.O. CODE | | | | | | |  | | |
| COMMUNICATIONS PREFERENCE: | | | | | |  |  | | --- | --- | |  | EMAIL | |  | WHATSAPP | | | | | | | | |  |  | | --- | --- | |  | HOME | |  | CELL | | | | | | |  |  | | --- | --- | |  | BUSINESS | |  | SMS (TEXT) | |
| |  |  | | --- | --- | | OCCUPATION |  | | | | | | | | | |  |  | | --- | --- | |  | AUTHORIZED TO PICK-UP CHILD | |  | EMERGENCY CONTACT | | | | | | | | | | |
| **HEALTH STATUS OF YOUR CHILD** | | | | | | | | | | | | | | | | | |
| MEDICAL PROBLEMS *(List any medical problems and allergies student has as well as required medications or remedies.)* | | | | | | | | | | | | | | | | | |
| MEDICAL PROBLEMS | | |  | | | | | MEDICAL NEEDS | | | | | | |  | | |
| **DECLARATION** | | |  | | | | |  | | | | | | |  | | |
| I certify that I am the person with parental responsibility for the child in Section 1 and that the information given is true to the best of my knowledge. I agree to act according to the rules and regulations of the school particularly those concerning parents’ active involvement in school life. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |

Parent signature