

 ACE Leadership School

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 **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) |

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|

|  |  |
| --- | --- |
|  OCCUPATION |  |

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|  |  |
| --- | --- |
|  | 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