



# ADMISSION APPLICATION

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Date of Application:

## SECTION A: STUDENT INFORMATION

### Personal Details

SURNAME:		PHOTOGRAPH:		
FIRST NAME:				
MIDDLE NAMES:				
Preferred First Name:				
DATE OF BIRTH: (DD/MM/YYYY)				
RELIGION:		GENDER:	Male	Female
FIRST/HOME LANGUAGE:		OTHER LANGUAGES:		

### Citizenship

SOUTH AFRICAN CITIZEN:	Yes	No	RSA IDENTITY NUMBER:	
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If not a South African citizen:

NATIONALITY:		PASSPORT NUMBER:			
RESIDENCY STATUS:	Permanent	Temporary	Diplomatic	Refugee/ Asylum seeker	
STUDY VISA REQUIRED:	Yes	No			

### Enrolment Details

APPLYING FOR GRADE:		REQUESTED DATE OF ENTRY:	
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## SECTION B: STUDENT ACADEMIC INFORMATION

A Student Confidential Report will be sent to the current school for completion by the principal specified below

<b>CURRENT SCHOOL:</b>			
<b>CURRENT GRADE:</b>		<b>STARTED AT THE SCHOOL IN GRADE:</b>	
<b>PRINCIPAL'S NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>PRINCIPAL'S EMAIL ADDRESS:</b>			

If you answered "Yes" to any of the below, you will be requested to complete our *Confidential Information Form*.

<b>My child has received Learning Support</b>	<b>YES</b>	<b>NO</b>
<b>My child has Special Educational Needs</b>	<b>YES</b>	<b>NO</b>
<b>My child has Special Medical Needs</b>	<b>YES</b>	<b>NO</b>

## SECTION C: STUDENT SIBLING INFORMATION

### Siblings Currently at IES Blouberg International School

FIRST NAME	LAST NAME	CURRENT AGE	CURRENT GRADE

### Siblings not at IES Blouberg International School

FIRST NAME	LAST NAME	CURRENT AGE	CURRENT GRADE

**SECTION D: PARENT 1 / LEGAL GUARDIAN INFORMATION****Personal Details**

<b>SURNAME:</b>		<b>TITLE:</b> (Mr, Ms, Mrs, Prof, Dr)	
<b>FIRST NAME:</b>		<b>RELATIONSHIP TO STUDENT:</b>	
<b>PROFESSION:</b>			

**Contact Details**

<b>PHYSICAL ADDRESS</b> (incl. postal code):		<b>HOME TELEPHONE NUMBER:</b>		
		<b>CELLPHONE NUMBER:</b>		
		<b>PRIMARY CONTACT FOR STUDENT?</b>	<b>Yes</b>	<b>No</b>
		<b>SAME AS STUDENT ADDRESS?</b>	<b>Yes</b>	<b>No</b>
<b>EMAIL ADDRESS:</b>				

**Citizenship**

<b>SOUTH AFRICAN CITIZEN:</b>	<b>Yes</b>	<b>No</b>	<b>RSA IDENTITY NUMBER:</b>	
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If not a South African citizen:

<b>NATIONALITY:</b>		<b>PASSPORT NUMBER:</b>		
<b>RESIDENCY STATUS:</b>	<b>Permanent</b>	<b>Temporary</b>	<b>Diplomatic</b>	<b>Refugee/Asylum seeker</b>
<b>CURRENT VISA EXPIRY DATE:</b>		<b>HOME LANGUAGE:</b>		

**SECTION E: PARENT 2 / LEGAL GUARDIAN INFORMATION****Personal Details**

<b>SURNAME:</b>		<b>TITLE:</b> (Mr, Ms, Mrs, Prof, Dr)	
<b>FIRST NAME:</b>		<b>RELATIONSHIP TO STUDENT:</b>	
<b>PROFESSION:</b>			

**Contact Details**

<b>PHYSICAL ADDRESS</b> (incl. postal code):		<b>HOME TELEPHONE NUMBER:</b>		
		<b>CELLPHONE NUMBER:</b>		
		<b>PRIMARY CONTACT FOR STUDENT?</b>	<b>Yes</b>	<b>No</b>
		<b>SAME AS STUDENT ADDRESS?</b>	<b>Yes</b>	<b>No</b>
<b>EMAIL ADDRESS:</b>				

**Citizenship**

<b>SOUTH AFRICAN CITIZEN:</b>	<b>Yes</b>	<b>No</b>	<b>RSA IDENTITY NUMBER:</b>	
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If not a South African citizen:

<b>NATIONALITY:</b>		<b>PASSPORT NUMBER:</b>	
<b>RESIDENCY STATUS:</b>	<b>Permanent</b>	<b>Temporary</b>	<b>Diplomatic</b> <b>Refugee/ Asylum seeker</b>
<b>CURRENT VISA EXPIRY DATE:</b>		<b>HOME LANGUAGE:</b>	

**SECTION F: STEP-PARENT / GUARDIAN INFORMATION**

**Personal Details**

<b>SURNAME:</b>		<b>TITLE:</b> (Mr, Ms, Mrs, Prof, Dr)	
<b>FIRST NAME:</b>		<b>RELATIONSHIP TO STUDENT:</b>	
<b>PROFESSION:</b>			

**Contact Details**

<b>PHYSICAL ADDRESS</b> (incl. postal code):		<b>HOME TELEPHONE NUMBER:</b>		
		<b>CELLPHONE NUMBER:</b>		
		<b>PRIMARY CONTACT FOR STUDENT?</b>	<b>Yes</b>	<b>No</b>
		<b>SAME AS STUDENT ADDRESS?</b>	<b>Yes</b>	<b>No</b>
<b>EMAIL ADDRESS:</b>				

**Citizenship**

<b>SOUTH AFRICAN CITIZEN:</b>	<b>Yes</b>	<b>No</b>	<b>RSA IDENTITY NUMBER:</b>	
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If not a South African citizen:

<b>NATIONALITY:</b>		<b>PASSPORT NUMBER:</b>	
<b>RESIDENCY STATUS:</b>	<b>Permanent</b>	<b>Temporary</b>	<b>Diplomatic</b> <b>Refugee/ Asylum seeker</b>
<b>CURRENT VISA EXPIRY DATE:</b>		<b>HOME LANGUAGE:</b>	

**SECTION G: RESPONSIBILITY**

ARE PARENTS DIVORCED?	YES	NO	If "YES" please answer the following questions
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WHO HAS CUSTODY OF THE STUDENT:	Parent 1	Parent 2	Step-parent/ Guardian
WHO IS THE LEGAL GUARDIAN OF THE STUDENT:	Parent 1	Parent 2	Step-parent/ Guardian
WHO IS LEGALLY RESPONSIBLE FOR FEES:	Parent 1	Parent 2	Step-parent/ Guardian

**SECTION H: EDUCATIONAL GUARANTEE PROGRAM**

Please select the suitable person by placing an X in the appropriate box. The holder will be the parent of the student who registers as "holder" of the Educational Guarantee Program at the first enrolment. The maximum age allowed is 60 years at the time of first enrolment.

FATHER		MOTHER	
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**SECTION I: PAYMENTS**

Please note that Parents/Guardians are responsible for all payments to be paid to the school at all times. All payments are made payable to **IES INTERNATIONAL BLOUBERG SCHOOL (PTY) LTD** and can be made via CHEQUE, EFT (Electronic Funds Transfer) or CREDIT CARD (facilities located in the Finance Department). The School's Banking Details are as follows:

**Name:** IES International Blouberg School (Pty) Ltd  
**Bank:** First National Bank  
**Branch (Code):** Tygervalley (201410)  
**Account number:** 6233-5707-694  
**Type of Account:** Current Account  
**Swift Code:** FIRZAJJ (for International Transfers)  
**Reference:** Please use the child's NAME and SURNAME

Should a student be sponsored by a company/trust etc., the payment of fees/extras will remain the responsibility of Parents/Guardians. If such an arrangement exists please complete the box below:

NAME OF COMPANY/SPONSOR		CONTACT NAME & TITLE	
ADDRESS		TELEPHONE NO	
CELL NO		EMAIL	

A Financial Clearance Form will be sent to the current school for completion by the Bursar.

## SECTION J: CHECKLIST OF APPLICATION DOCUMENTS

Please note that in order to process this application timeously the following documents must be submitted with this application:

DOCUMENTS TO BE SUBMITTED	SUBMITTED
A RECENT PASSPORT SIZE PHOTOGRAPH OF STUDENT	
COPY OF STUDENT'S UNABRIDGED BIRTH CERTIFICATE	
COPY OF STUDENT'S PASSPORT / VISA / PERMANENT RESIDENT CERTIFICATE / RSA IDENTITY DOCUMENT	
COPY OF STUDENT'S LAST TWO ACADEMIC REPORTS	
COPY OF SEN OR MEDICAL CONFIDENTIAL FORMS	
COPY OF ALL PARENTS / GUARDIANS / STEP-PARENTS RSA IDENTITY DOCUMENTS OR PASSPORTS AND VISAS/PERMANENT RESIDENT CERTIFICATES	
<u>FOREIGNERS</u> : COPY OF MEDICAL AID CERTIFICATE (for Visa purposes)	
PROOF OF PAYMENT FOR APPLICATION FEE	

**Declaration:** I / We request that our child named above is registered as a prospective student. I / We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings. I / We understand that the School may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

**Signatures of parents / legal guardians:**

	First parent / legal guardian	Second parent / legal guardian
<b>Signature</b>		
<b>Name in full</b> (please include all names)		
<b>Date</b>		