



Please complete the application form **in full and return**, along with the following documents to:

admissions@imbuyiseleacademy.net

- Copies of two most recent school reports
- Copy of the applicant's birth certificate
- ID/Passport copy for parent/guardian
- Photo of applicant
- Copy of former school accounts testimonial
- **E 300.00 non-refundable registration fee.**



Please use the following reference when making payment: Child's Name, Grade and Year.

Admission policy:

Entry into Imbuyisele Academy Primary school will be determined by availability of space, performance in previous grade and successful interview.

Contact us: email: info@imbuyiseleacademy.net /Cell: 00268 76474301/76559585

Tell: 00268 23434998

How did you hear about Imbuyisele Academy Primary School?

Website Facebook Media Friend Other

Applying for (please tick appropriate box)

Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6



Learner's Information			
First names		Home language	
Surname		Entry grade	
Birthdate(YYYY/MM/DD)		Impairment	
Gender		Special dietary requirements	
Current school		Country of residence	
Admission year		Citizenship	
Boarder or day scholar		Country of birth	

Postal address		Cell number	
Region/province		Home telephone	
ID Number		Emergency cell number	
Town/City			
Religion			
Residential Address			
	Learner's Medical Information		
Medical Aid Name		Medical Aid No.	
Medical Aid Holder		Doctor's Name	
Doctor's Address		Doctor's Telephone No.	
Any special medical requirements			
Does applicant have any physical disabilities and/or allergies?	YES/NO (tick one)	(if any; please specify)	

(any medical condition that needs monitoring? If any, please specify)

Blood group (tick one)	A-	A+	B-	B+	O-	O+	AB+	AB-
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Guardian/Parent Information

Details	First Guardian/Parent	Second Guardian/Parent
First names		
Surnames		
Initials		
Relationship to learner		
Marital status		
ID Number		
Birthdate(YYYY/MM/DD)		
Nationality		
Home Language		
Postal Address		
PO Box		
Town/City		
Postal code		
Region/Province		
Country		

Residential addresses		
Home telephone		
Cell number		
Email addresses		
Employer/Name of company		
Work telephone		
Profession		
Position at work		

I/we the undersigned do solemnly declare that the information given above is accurate; without error. I/we completely understand the conditions that bind us to the agreement entered into by myself/ourselves and Imbuyiselo Academy Primary School.



NAME AND SURNAME OF LEARNER

SIGNATURE OF LEARNER

DATE

NAME AND SURNAME OF GUARDIAN/PARENT

SIGNATURE OF GUARDIAN/PARENT

DATE