



IMBUYISELO ACADEMY
"THE FOUNDATION OF EVERY COUNTRY IS
THE EDUCATION OF ITS'S YOUTH"

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P.O Box 1168 Siteki 

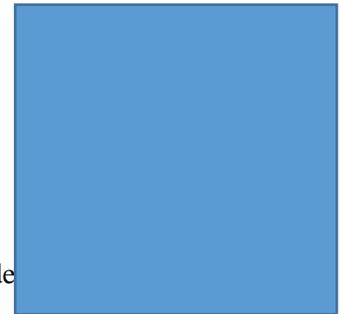
7692 4889 

7647 4301 / 7691 9957

imbuyiseloacademy@swazi.net 

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

Admission policy:

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

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

Tell: 00268 23434998

How did you hear about Imbuyiselo Academy High School?

Website Facebook Media Friend Other

Applying for (please tick appropriate box)

Grade 8 Grade 9 Grade 10 Grade 11

Learner's Information			
First names		Home language	
Surname		Entry grade	
Birthdate(YYYY/MM/DD)		Impairment	



BOARD MEMBERS: CHAIRMAN - MR T. MKHALIPHI / MRS P. MUNRO / MS T. MUNRO /
MRS S. MAVIMBELA / MS S. SINGLETON / MR J. MATSEBULA

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

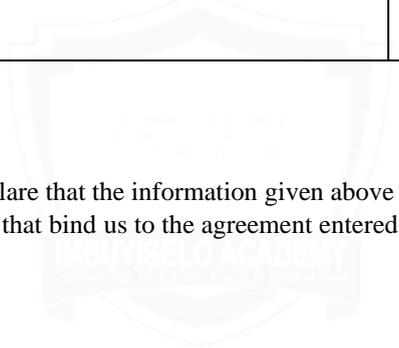
Does applicant have any physical disabilities and/or allergies?	YES/NO (tick one)	(if any; please specify)
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(any medical condition that needs monitoring? If any, please specify)

Blood group (tick one)	A-	A+	B-	B+	O-	O+	AB+	AB-
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 High School.



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NAME AND SURNAME OF LEARNER

SIGNATURE OF LEARNER

DATE

NAME AND SURNAME OF GUARDIAN/PARENT

SIGNATURE OF GUARDIAN/PARENT

DATE