



ACE Leadership School

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PREREGISTRATION & SCHOLARSHIP FORM

CHOICE OF CAMPUS

SCHOLARSHIP REQUESTED:FCFA

STUDENT FULL NAME :

BIRTH DATE :

INCOMING YEAR/SEMESTER :

NATIONALITY :

GRADE :

CONTACT NUMBER :

GENDER :

CURRENT SCHOOL :

CURRENT GRADE LEVEL :

EMAIL ADDRESS :

ENGLISH LANGUAGE PROFICIENCY

	Poor	Fluent	Good
SPOKEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER LANGUAGE :

	Poor	Fluent	Good
SPOKEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT OTHER COUNTRIES HAS YOUR CHILD LIVED IN :

HOW DID YOU HEARD ABOUT THE SCHOOL:

PARENT INFORMATION

FULL NAME : Relationship:

HOME PHONE : CELL PHONE :

POSTAL ADDRESS : EMAIL :

TOWN : COUNTRY :

EMPLOYER : OCCUPATION :

DATE:

Parent signature