



# ACE Leadership School

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## APPLICATION FORM

**CHOICE OF COUNTRY**     Cameroon     Burkina Faso     South Africa

**CHOICE OF CAMPUS**

<input type="checkbox"/> AAA - Bonanjo	<input type="checkbox"/> AAA - Ouaga	<input type="checkbox"/> AUIS
<input type="checkbox"/> ALS - Bonaberi		<input type="checkbox"/> African Leadership Center

STUDENT FULL NAME : .....  
 PREFERRED NAME : ..... ENROLLMENT DATE :.....  
 BIRTH DATE :..... INCOMING YEAR/SEMESTER :.....  
 NATIONALITY :..... GRADE :.....  
 CONTACT NUMBER :..... GENDER :.....  
 CURRENT SCHOOL :..... CURRENT GRADE LEVEL :.....  
 EMAIL ADDRESS :.....  
 APPLICATION                      REMARKS :.....

### 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 :.....

### SCHOOL PREVIOUSLY ATTENDED :

NAME OF SCHOOL..... EXACT ADDRESS :.....  
 GRADES :..... FROM- TO :.....  
 NAME OF SCHOOL..... EXACT ADDRESS :.....  
 GRADES :..... FROM- TO :.....

### HOW DID YOU HEAR ABOUT THE SCHOOL: .....

RESIDENTIAL ADDRESS  
 EMAIL :.....  
 COUNTRY..... HOME PHONE :.....  
 STATE..... WORK PHONE :.....  
 DISTRICT/ ZIP CODE..... CELL PHONE :.....

**PARENT INFORMATIONS**

FULL NAME :..... Relationship:.....  
HOME PHONE..... CELL PHONE :.....

BUSINESS PHONE :.....

EMAIL :.....  
REGION/DISTRICT :.....

COUNTRY :.....  
STREET ADDRESS :.....

OCCUPATION :.....  
 AUTHORIZED TO PICK-UP CHILD  
 EMERGENCY CONTACT

COMMUNICATIONS PREFERENCE  
 EMAIL  HOME  BUSINESS  
 WHATSAPP  CELL  SMS (TEXT)

FULL NAME :..... Relationship:.....  
HOME PHONE :..... CELL PHONE :.....  
BUSINESS PHONE :.....

EMAIL :.....  
REGION/DISTRICT :.....

COUNTRY :.....  
STREET ADDRESS :.....

OCCUPATION :.....  
 AUTHORIZED TO PICK-UP CHILD  
 EMERGENCY CONTACT

COMMUNICATIONS PREFERENCE  
 EMAIL  HOME  BUSINESS  
 WHATSAPP  CELL  SMS (TEXT)

**HEALTH STATUS OF YOUR CHILD**

MEDICAL PROBLEMS *(List any medical problems the student has as well as any medication currently being taken below.)*

MEDICAL PROBLEMS:  
.....  
.....  
.....

MEDICAL NEEDS :  
.....  
.....  
.....

ALLERGIES *(List any allergies the student has below.)*

MEDICATION ALLERGIES :  
.....  
.....  
.....

OTHER ALLERGIES :  
.....  
.....  
.....

FOOD ALLERGIES :  
.....  
.....  
.....

SPECIAL DIETARY NEEDS :  
.....  
.....  
.....

ADDITIONAL MEDICAL INFORMATION *(List any allergies the student has below.)*

.....

**DECLARATION**

**DATE:**.....

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