

This form isto be used by students who wish to study at The Lady Aisha College.

# APPLICATION FORM

1. PERSONAL DETAILS			
Family Name:	Date of Bi	rth	
First Name:	DD/	MM/ YY	
Other Names:			ATTACH PHOTO HERE
Nationality:			
Home Language:			
Languages Spoken:			
Marital Status:			
Next of Kin:			
Contact Tel:			
Illness/Allergies:			
2. CONTACT DETAILS			
Email Address:  Home tele		ephone number:	Mobile number:
Residential Address		Mailing Address (if	different from residential)
City: Province:		City:	Province:
Country: Postal Code:		Country:	Postal Code:



3. IMMIGRAT	ION STATUS OF APPLIC	ANT		
Citizen	Permanent Resident	☐ Temporary Resid	dent [	] Student Visa
ID/PASSPORT NO:				
4. ACADEMIC	BACKGROUND			
Date	Institute		Docu	mentation
			Attached	☐ To Follow
			Attached	☐ To Follow
			Attached	☐ To Follow
	TARY EVIDENCE AND S  ving documentation is attached to you			
Letter of Intention				
Letter of Recomme	ndation			
Certified Copy of y	our birth certificate / South African ID	/ Passport	Attached	☐ To Follow
Certified copy of ye	our academic record from previous insti	tution	☐ Attached	☐ To Follow



### 6. VISA ASSISTANCE, RESIDENCE AND SCHOLARSHIP APPLICATION

International Students will be assisted by the Lady Aisha College administrators to go through the correct channels in processing their student Visas. There is no guarantee the South African Department of Home Affairs will issue the applying student with a student Visa, thus the Lady Aisha administration will not be held liable. Students who desire Full Boarding Residence and/or a Scholarship at the Lady Aisha College will be considered on the basis of their previous academic, sport and social interact merit, and will be informed of their status on acceptance to the Lady Aisha College.

I will need student Visa processing for South Africa	YES	NO 🗆
I seek accomodation in Cape Town	YES	NO 🗆
I wish to apply for a Scholarship at the Lady Aisha College	YES 🗌	NO 🗆

#### 7. STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorise the College to obtain information concerning my academic record from any school, university or other institution attended by me. I am aware that tuition fees will be refunded ONLY if I am refused a Student Visa by the South African Department of Home Affairs. If I am accepted as a student at the Lady Aisha College, I hereby agree to abide by all the rules and regulations of the College. The Lady Aisha College collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

Signature:	Date:	/	/

	OFFICE USE ONLY		
	Copy of immigration documents received date: / /	Official Stamp	
Copy of supporting documents received date: / /			
	Remark:		
I HAVE CONSIDERED THIS APPLICATION AND I RECOMMEND THAT THE APPLICATION BE			
	☐ APPROVED Officer to sign:		
	□ REJECTED Date: / /		



## **FEE PAYMENT DETAILS**

Name of Student:	
Form of Payment:	
1. Once-off payme Academic year:	ent of the entire years fee for 2014 at the beginning of the
DAY STUD	DENT R27,000 (ZAR) per annum
FULL-BOA	RD RESIDENT STUDENT R50,000 (ZAR) per annum
<b>2. Monthly payme</b> within the first 5 da	ents (10 months) Via debit order payment, and must be received ys of every month:
DAY STUD	DENT R2,700 (ZAR) per month
FULL-BOA	RD RESIDENT STUDENT R5,000 (ZAR) per month
3. Semester payme	ents: due on
	(01/02/2014)
	(10/04/2014)
	(25/06/2014)
	(15/09/2014)

FULL BOARD RESIDENT STUDENT R12,500 (ZAR) per semester

DAY STUDENT R6,750 (ZAR) per semester



## Methods of Payment:

Please chose one of the	e following:		
ONCE-OFF	MONTHLY	☐ SEMESTER	☐ CASH PAYMENT
☐ MONTHLY DEBI	T ORDER	☐ SEMESTER DI	EBIT ORDER
Person responsible for	or the paymen	t of fees	
Name:			
Address:			
Phone:		Cellphone:	
Email:			
Signature			
Date/	/		
	/		
Place			

Payments should be made to The Lady Aisha College:
Account name: The Lady Aisha College
Account No.: 9017918715

Bank: Nedbank Branch Code: 720026 Type: Savings Account