60 Macbeth Ave., Witkoppen Ext. 21, 2191,
Fourways, Gauteng, South Africa
Phone: +27 11 465 6049
Fax: +27 86 511 8407
Email: admissions@iic-online.com
Website: www.iic-online.com

Application for Admission

Please complete this form, leaving any parts blank that are not relevant

Section 1: STUDENT'S PERSONAL DETAILS

Surname		**First Name**	
Other Names (also known as)			
Date of Birth (DDMMYYYY)		**Place of Birth**	
Nationality		**Male**	**Female**
Email			
Physical Address			
Postal Address			
Tel. No.		**Cell No.**	

Section 2: STUDENT'S ACADEMIC DETAILS / EDUCATIONAL HISTORY

Level at which admission is sought:	**IGCSE**	**AS-LEVEL**	
Name(s) of last two schools attended and dates of attendance: *			
Name of School (City/Country)	**Grades**	**From**	**To**
1.			
Reason for leaving: (e.g. completed Junior School etc.)			
2.			
Reason for leaving: (e.g. moved cities etc.)			

** If you have been homeschooling, please indicate which Curriculum you used.*

If your child has had any gaps in his/her education please provide detail below.
The start and end dates of the gap(s) and reason(s) are required.

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Section 3: SUBJECT PREFERENCE

Please indicate with a "X", the subjects that you are considering ordering:

SUBJECTS	IGCSE	AS		SUBJECTS	IGCSE	AS
English (1st)				Chemistry		N/A
Afrikaans (2nd)				Computer Science		N/A
French (2nd)		N/A		Physics		
Mathematics		N/A		History		
Maths Opt. 1: (P1 Pure + P4 Mech)				Geography		
Maths Opt. 2: (P1 Pure + P6 Stats)				Accounting		
Maths Opt. 3: (P1 Pure + P2 Pure)				Business Studies		
Biology				Economics		

Please indicate your ordering preference: Tutor Support only ☐
Tutor Support + Books ☐

Section 4: PARENT / GUARDIAN DETAILS

Father's Name			
Profession		Designation	
Organisation			
Office Tel.		Cell No.	
Email			
Office Address			

Mother's Name			
Profession		Designation	
Organisation			
Office Tel.		Cell No.	
Email			
Office Address			

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this Application Form is true and correct, as at this date.

_____ _____

Signature of Parent/ Guardian *Date*

Section 5: ADMISSION PROCEDURE

1. ***The completed admission form must be submitted to*** admissions@iic-online.com
2. ***Upon receipt of your application, I.I.C. will assess and revert either via e-mail or telephonically, to confirm if the student has been accepted, or not.***
3. ***If you do not receive feedback within 72 hours of submission (excl. weekends), kindly contact I.I.C. on +27 11 465 6049 to confirm that your application has been received.***