

PART-TIME PRELIMINARY REGISTRATION FORM



CAN BE SUBMITTED VIA:
 PHYSICAL DELIVERY AT OUR SCHOOL
 OR E-MAIL: parttime@almainternational.co.za
 PLEASE ATTACHED PROOF OF LATEST LEVEL OR CERTIFICATE ACHIEVED



APPLICATION TYPE:

Application Type: IGCSE AS level A Level

Application year: _____ Age of student: _____

Subject selection:	Schedule selection:	Services selection:
English <input type="checkbox"/>	Holiday school <input type="checkbox"/>	Workshops <input type="checkbox"/>
Afrikaans <input type="checkbox"/>	Saturday school <input type="checkbox"/>	Practical workshops <input type="checkbox"/>
French <input type="checkbox"/>	Afternoon school <input type="checkbox"/>	Assessments and feedback * <input type="checkbox"/>
Maths <input type="checkbox"/>		Lesson Planning * <input type="checkbox"/>
Accounting <input type="checkbox"/>		Access to resources <input type="checkbox"/>
Physics <input type="checkbox"/>		PGP * <input type="checkbox"/>
Biology <input type="checkbox"/>		Subject advise * <input type="checkbox"/>
Computer science <input type="checkbox"/>		University information sessions * <input type="checkbox"/>
Business studies <input type="checkbox"/>		CIE external examinations <input type="checkbox"/>
Geography <input type="checkbox"/>		Internal Examinations * <input type="checkbox"/>
Chemistry <input type="checkbox"/>		Term tests * <input type="checkbox"/>
Design and Technology * <input type="checkbox"/>		
Art and design * <input type="checkbox"/>		
Economics * <input type="checkbox"/>		

*subject to demand

Please note: Cancellation fee will be applicable for workshops

STUDENT DETAILS:

Initials: Gender: M F

Surname:

Full Names:

Preferred names (nick name):

Birth Date: Y Y Y Y M M D D

GUARDIAN/PARENT DETAILS:

Initials: Gender: M F

Surname:

Full Names:

Preferred names (nick name):

South African Citizen: YES NO Nationality: _____

Passport/ID nr:

GUARDIAN/PARENT CONTACT DETAILS:

Cell nr: Tel nr (W):

Tel nr (H): Fax nr:

E-mail:

Physical Address: