

## IMM GSM ADDITIONAL TUITION APPLICATION FORM

**Isa Carstens Academy asserts that it acts solely as a supplier of additional tuition to students who voluntarily elect to receive such support and is not a site of delivery for the IMM GSM.**

Please include a  
picture  
of yourself

	Full time	Part time
Higher Certificate in Marketing	<input type="checkbox"/>	<input type="checkbox"/>
BBA Degree in Marketing Management	<input type="checkbox"/>	<input type="checkbox"/>
BCOM Degree in Marketing and Management Science	<input type="checkbox"/>	<input type="checkbox"/>
Individual IMM GSM module	<input type="checkbox"/>	<input type="checkbox"/>

please list the module: \_\_\_\_\_

### (INDICATE WHICH CAMPUS)

STELLENBOSCH	PRETORIA	CAPE TOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time	Full time Part time	Full time Part time

### SECTION A

SURNAME: ..... CHRISTIAN NAME(S): .....

NAME BY WHICH YOU ARE KNOWN: .....

DATE OF BIRTH: ..... MALE ☐ FEMALE ☐

ONLY CHILD: YES / NO BROTHERS: ..... SISTERS: ..... HOME LANGUAGE: .....

MARITAL STATUS: ..... CHILDREN: ..... I.D. NO: .....

STREET ADDRESS: .....

POSTAL ADDRESS: ..... PROVINCE: ..... POSTAL CODE: .....

TEL. NR: (H) ( ) ..... (W) ( ) ..... CELL: .....

E-MAIL: .....

### SECTION B

MATRICULATION YEAR COMPLETED / TO BE COMPLETED: .....

NAME OF SCHOOL: ..... TEL NO. ....

ADDRESS OF SCHOOL: .....

**SECTION C** (INFORMATION REGARDING PARENT/GUARDIAN)

SURNAME & INITIAL/S .....MR/MRS/DR/PROF: .....

IDENTITY NUMBER: .....

POSTAL ADDRESS: .....

.....

TEL. NO: (H) ( ) ..... (W) ( ) ..... CELL: .....

E-MAIL: .....

OCCUPATION: ..... FAX.NO: ( ) .....

**SECTION D**

WHO WILL BE RESPONSIBLE FOR PAYMENT OF YOUR COURSE FEES? .....

**SECTION E**

IN THE CASE OF PARENTS BEING DIVORCED OR SEPARATED, PLEASE SUPPLY THE FOLLOWING INFORMATION:

FATHER

FATHER REMARRIED: YES / NO

POSTAL ADDRESS : .....

.....

.....

TEL. NO: (H) ( ) .....

TEL. NO: (W) ( ) .....

CELL: .....

FAX: ( ) .....

MOTHER

MOTHER REMARRIED: YES / NO

MOTHER'S SURNAME: .....

PHYSICAL ADDRESS: .....

.....

.....

TEL. NO: (H) ( ) .....

TEL. NO: (W) ( ) .....

CELL: .....

FAX: ( ) .....

I UNDERTAKE TO MAKE AN INITIAL PAYMENT IN RESPECT OF THE NON-REFUNDABLE REGISTRATION FEE AS INDICATED BELOW BEING PART OF THE FEES ON ACCEPTANCE AFTER THE INTERVIEW AND THE BALANCE ON REGISTRATION DAY.

IMM GSM ADDITIONAL TUITION

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I ACCEPT THAT FEES ARE NEITHER REFUNDABLE NOR TRANSFERABLE UPON CANCELLATION AT ANY STAGE AFTER SIGNATURE HEREOF AND SHALL BE RETAINED AS DAMAGES / PENALTY.

NO VARIATION, MODIFICATION OR WAIVER OF ANY PROVISION HEREOF SHALL BE OF ANY FORCE AND EFFECT UNLESS REDUCED TO WRITING AND SIGNED BY BOTH PARTIES. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ACADEMY.

SIGNED: .....  
APPLICANT

.....  
GUARDIAN

DATED AT ..... ON THE ..... DAY OF ..... 2014.

PLEASE RETURN COMPLETED FORM TO THE ACADEMY TOGETHER WITH:

- 1) 2 x PASSPORT SIZE PHOTOGRAPHS (please also e-mail a photo – jpeg format)
- 2) GRADE 11 OR LATEST GRADE 12 RESULTS
- 3) NATIONAL SENIOR CERTIFICATE IF ALREADY MATRICULATED
- 4) PHOTOSTAT OF IDENTITY DOCUMENT