

CAMBRIDGE INTERNATIONAL EXAMS REGISTRATION FORM

We can **ONLY** process **COMPLETE** applications. Please ensure that you include **ALL** the items listed below. Any application that does not contain all the below items will automatically be rejected:

- Application Form fully completed.
- Recent ID Photo
- Proof of Payment
- Copy of ID/Passport

Centre Number:

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SECTION A - PERSONAL DETAILS OF THE CANDIDATE

First name:															
Other names:															
Surname:															
<i>Please write your full name in BLOCK letters as you would like it to appear on your certificate. Any inaccuracies must be reported in writing to the British Council immediately</i>															
Gender (please tick): <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth		DD	MM	YYYY										
	South African ID Number or Valid Passport Number														
*Physical Address:															
<i>*Please note that this is for information purposes only. Candidates will be required to collect results from our school office.</i>															
Mobile:						Other Contact Number:									
Email:															

SECTION B – PERSONAL DETAILS OF PARENT/GUARDIAN

Mobile:						Other Contact Number:									
Email:															
<i>Pease note all communication will be sent to the parent/guardian of a student under the age of 18</i>															

SECTION C – SUBJECTS

Please ensure that every letter / number is clear.

Candidates must ensure that the entry details are accurate and legible. Any changes that need to be made after the registration documents have been submitted to Cambridge will be charged a penalty fee as well as an additional registration fee. Refer to our website on closing dates. No exceptions.

Exam Level e.g IGCSE	Subject Name	Syllabus Number	Option Code	Fees

SECTION D – BANK DETAILS AND SIGNATURE

Bank Name: First National Bank (FNB) Account name: AFRICAN SCHOOL FOR EXCELLENCE NPC Account number:62428874516 Branch code:250655 Use Reference: your Tsakane reference + CIE. E.g:654321CIE

By submitting this application form I confirm that I have read, understand and I agree to the terms set out in the guidance notes attached to this application form.

I confirm that all the information I have given is the truth and is accurate to the best of my knowledge and belief.

Signature: _____ Date: ___/___/___

DISCLAIMER: Your personal data will only be used for internal purposes of the African School for Excellence (ASE) and for registration with Cambridge International Examinations and Assessment. ASE is committed to delivering the examination services according to the rules and regulations set by Cambridge International. However, we cannot be held responsible for any interruptions which are caused by circumstances beyond our control. If examinations or their results, cancelled, or delayed, every effort will be made to resume normal service as soon as possible.

I _____ being the parent/guardian of _____
Candidate Number _____ who is sitting for his/her Cambridge Examinations, agree that my child takes these examinations with the ASE at the school venue, under the supervision of ASE staff.

I understand that ASE will supervise my child at the examination venue only for the duration of the exam, and that it is my responsibility to ensure that my son/daughter arrives and departs from the venue safely at the indicated time.

Should your child be suffering from an illness during the exam period, ASE will immediately contact you.
I understand that ASE is only able to arrange for special needs my child may require during the examination
upon written request prior to the examination date.

Parent/Legal Guardian Full names: _____

Signature: _____