AMARE LEARNING CENTRE
STUDENT APPLICATION FORM

Please complete this application form in full. Applications must be submitted together with proof of payment either in person or via email to info@amarelc.co.za.

STUDENT INFORMATION

Full Name & Surname: ----------

Date of Birth: ----------

ID Number / Passport Number: ----------

Gender: ----------

Home Address: ----------

City / Postal Code: ----------

Student/learner's Cell Number: ----------

Student Email Address: ----------

Name of school/Institution: ----------

Current Grade / Level:----------

PARENT / GUARDIAN INFORMATION (For Minors)

Father's Full Name: ----------

Father's ID Number: ----------

Father's Contact Number: ----------

Mother's Full Name: ----------

Mother's ID Number: ----------

Mother's Contact Number: ----------

Guardian's Full Name (if applicable): ----------

Guardian's ID Number: ----------

Guardian's Contact Number: ----------

Relationship to Student: ----------

ACADEMIC SUPPORT REQUIRED

Subjects / Areas Requiring Support:----------

Current challenges:----------

Preferred Learning Support (Tick Applicable):

☐ Homework Assistance

☐ Tutoring

☐ Group Learning Sessions

☐ Exam Preparation

☐ Study Guidance

MEDICAL / SPECIAL INFORMATION

Please indicate any medical conditions or learning challenges:

DECLARATION

I hereby confirm that the information provided in this application form is true and correct to the best of my knowledge.

Parent / Guardian Signature: ----------

Date: ----------

Application review will be completed within 7 days of submission.

Banking Details:

Name of the Bank First National Bank

Account Holder: Amare Learning Center

Account number: 63126605964

Type of Account: Current Account

Amare Learning Centre

Inclusive programs for different ages and careers – where curiosity meets real-world impact!