25 Reginald Avenue, Creston Hill info@enlighted.co.za  065 910 5507 / 063 747 2488  076 457 9601 / 064 815 4388  Co Reg 2020/469308/07	t odi	https://www.enlighted.co.za/ s://www.facebook.com/efectivelearning/ in https://www.instagram.com/en.light.ed/ https://twitter.com/enLighted15 VAT Reg No 4450301611						
APPLICATION FORM								
Please complete the application form below and submit it to info@enlighted.co.za								
In accordance with the Protection of Personal Information Act, all personal information collected via this form will only be used for application and registration purposes and will not be shared with any third party.								
Services Re Please tick service/s required below	equired							
Service	Required	Complete the following sections						
En-Light-Ed: Home away from Home Stay		Section A, D, E and F						
En-Light-Ed: Extra Lessons		Section A, C and E						
En-Light-Ed: Learning Hub Gr 3 – 9 (Full time tuition)		Section A, B, D, E and F						
En-Light-Ed: Leaders Hub Gr 10 – 12 (Full time tuition)		Section A, B, C, D, E and F						
Online assessments for entry to South African schools		Section A, B, C, D, E and F						
Study permit application assistance		Section A, B, C, D, E and F						
Platfor Please indicate platform / school required below	rm							
Platform / School	Required	Required						
IVA								
Brainline								
Cambrilearn								
Teneo								
ист								
Other								
A. LEARNER DETAILS  Learner Full name and Surname ( as it appears in ID document):								
Preferred Name:								
Gender:	Date of Birth:							

Is Boarding required:

Citizenship:

Last grade completed

ID / Birth Certificate / Passport number:

Start Date:

Learner Cell Number:		Learner Email:							
Residential	Address:								
			Po	stal Code:					
If there are	any special	circumstances involvi	ng the applicant (e.g. il	ll health, ph	ysical disability,				
diagnosed learning problems, other handicaps or disabilities) please describe these briefly and send									
relevant reports with the application									
	B. ACADEMIC HISTORY								
-	ious schools								
Year 2022	Grade	Name of School							
2022									
2021									
2019									
2018									
2017									
2016									
2015									
2014									
2013									
2012									
2011									
		(	C. SUBJECTS						
Required for	r Gr 10 – 12 Le	earners and for extra les	sons						
		D. PARENT	/ GUARDIAN DETAILS	,					
Parent / Gu	uardian Full I	Name:							
Preferred N	Name:								
			Citi a calaira						
_			Citizenship:						
ID / Passport number:									
Residential	Address:								

	Secret Code							
			1	Postal Code:				
Parent Cell Number:			Parent Email:					
Alternative Number:	r:		Alternative Email:					
Occupation:								
Employer / Business Na	me:							
Business Address:								
				Postal Code:				
E. ACCOUNT PAYMENT								
Person responsible for p	payment. F	ull Name:			1			
Citizenship:	ID / Passport number							
Residential Address:								
Nesidential Address.								
			_	Postal Code:				
Cell Number:	umber:		Email:					
Alternative Number:	Alternative Email:							
Occupation:								
Employer / Business Na	me:							
Business Address:								
	Protein Control							
Postal Code:  F. SUPPORTING DOCUMENTS								
Please email conies of t	he followin							
Please email copies of the following document to info@enlighted.co.za  These documents are required for registration with the relevant examining bodies.								
Photo of Learner								
Learner ID / Birth Certificate / Passport								
			Document	•				
Learners latest Academic Record								