

MATRIC REWRITE ENROLMENT FORM 2020

HOW DID YOU HEAR ABOUT US?										FLYER				GUMTREE/ OLX				SMS				FACEBOOK			
WHATSAPP												REFERAL				OTHER									
SECTION A STUDENT DETAILS																									
Title				First Name/s																					
Surname																									
Date of Birth		Day	Day	Month	Month	Year	Year	Year	Year	Gender		M	F												
ID/Passport Number																									
Nationality		RSA				OTHER																			
Home Language																									
SECTION B CONTACT DETAILS																									
Tel No.										Cell No.															
Residential Address:																									
																				Code					
Postal Address:																									
																				Code					
Email Address:																									
SECTION C SPONSOR / NEXT OF KIN DETAILS																									
Surname																									
First name/s																									
Tel No.										Cell No.															
Relationship																									
SECTION D EMPLOYERS DETAILS (IF APPLICABLE)																									
Company Name																									
Trading As																									
Contact Person																									
Tel No.																									
SECTION E PREFERRED LEARNING SESSION																									
Full Time				Part Time - Evening				Part Time - Weekend																	

SECTION F – Student Subjects	
ENGLISH HOME LANGUAGE	
ENGLISH FIRST ADDITIONAL LANGUAGE	
AFRIKAANS FIRST ADDITIONAL LANGUAGE	
ISIZULU HOME LANGUAGE	
ISIZULU FIRST ADDITIONAL LANGUAGE	
MATHEMATICS	
MATHEMATICAL LITERACY	
PHYSICAL SCIENCES	
LIFE SCIENCES	
GEOGRAPHY	
COMPUTER APPLICATIONS TECHNOLOGY	
ACCOUNTING	
ECONOMICS	
BUSINESS STUDIES	
HISTORY	
RELIGIOUS STUDIES	

For Administration Use Only

Required Documents	
Certified Copy of ID or Passport	
Certified Copy of Previous Matric Results	

Notes		
Name:	Date:	Signature:

FEES STRUCTURE

1. OPTION 1- CASH (10% Discount)

Subjects	Jan	Feb	Total
1-2	R1000	R6380	R7380
3-4	R1000	R7820	R8820
5-6	R1000	R9980	R10980

2. OPTION 4 -7 MONTHS (0% Discount)

Subjects	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Total
1-2	R1000	R900	R900	R900	R900	R900	R900	R900	R900	R8200
3-4	R1000	R1100	R1100	R1100	R1100	R1100	R1100	R1100	R1100	R9800
5-6	R1000	R1400	R1400	R1400	R1400	R1400	R1400	R1400	R1400	R12200

NB* Registration fee = R500

Deposit fee = R500

Banking Details

Account Name	: TUTORIALS CAMPUS
Bank Name	: F.N.B
Account Number	: 62622255778
Branch Code	250655
Branch name	: Carlton Centre
Swift Code	: FIRZAJJ
Account type	: Business Cheque Acc.

Use Name and Surname as reference.

TERMS AND CONDITIONS

TERMS & CONDITIONS - (Please read the terms and conditions below carefully)

- A.** Applicants will only be considered for admission on the correct completion of this **Application Form and signing the Terms and Conditions below and returning to the school with the non-refundable registration fee** paid. Learners are admitted in terms of our Admission Policy and admission will be confirmed as soon as the Admissions Committee has considered the Application and decided.
- B.** The registration form must be submitted with the following documents
1. **ONE certified copy of the learner's ID (identity document)**
 2. **Certified copy of parent/Guardian ID (identity document)**
 3. **Proof of payment (WITH THE LEARNER'S NAME AS REFERENCE)**
- C. ALL REGISTRATION FEES AND DEPOSITS ARE REQUIRED UP-FRONT AND ARE NON-REFUNDABLE.**
- D. REGISTRATION AND TUITION FEES ARE NON-REFUNDABLE.**
- E.** The College reserves the right to refuse admission to a learner on the following grounds:
- a) Attitude of Learner not appropriate for quality learning e.g. insubordination indiscipline, drug and abuse of alcohol etc.
- F. An incomplete application form will be rejected and forms not signed by parent/guardian will be disqualified**
- G.** Tutorials Campus has the right to decline an application should any information given be incomplete or dishonest to the best of our knowledge.

PARENT/GUARDIAN'S COMMITMENT

1. I agree that Tutorials Campus or any agent they appoint on its behalf is authorised to conduct a credit check on me as per my Identification Document/Passport.
2. **I AGREE TO PAY FEES. IF I FAIL TO DO SO, I WILL NOTIFY THE ACADEMY OF MY FAILURE IN PERSON.**
3. **SHOULD I FAIL TO HONOUR MY PART OF THE CONTRACT, I AGREE THAT AN INTEREST OF PRIME + 2% WILL BE CHARGED.**
4. **IF THE ABOVE PAYMENT DETAILS ARE NOT, ADHERED TO, TUTORIALS CAMPUS SHALL HAVE THE RIGHT TO SUSPEND THE LEARNER FROM ATTENDING CLASSES.**
5. I will provide my child with all the required learning materials such as Exercise books, textbooks and any other items required.
6. I agree that my child/ward will observe the Tutorials Campus Code of conduct/Policies and will not interfere with normal learning process or disturb the smooth running of the academy he/she will be sent home at my expense.
7. I agree to be liable for all expenses incurred directly or indirectly as a result of my breach of contract or conduct of my learner.
8. I note that overpayment of school fees is refundable under strict conditions. I will check the correct amount before I pay.
9. I accept that all reasonable precautions will be taken to ensure that safety and welfare of my child and that I shall be held responsible for the payment for medical and/or hospital accounts, where applicable should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible neither the Principal, staff nor the GDE may in any way be held responsible for any injuries/ problems that occur not ascribed to negligence. This contract is valid until the end of the academic year.
10. **EITHER PARTY IS ENTITLED TO CANCEL THE AGREEMENT BY GIVING THE PARTY, 1 WEEK WRITTEN NOTICE OF THE INTENTION TO CANCEL THE AGREEMENT.**

AGREED PAYMENT PLAN

PAYMENTS	DATE	AMOUNT	NOTES
1 ST Payment			
2 nd Payment			
3 rd Payment			
4 th Payment			
5 th Payment			
6 th Payment			
7 th Payment			
8 th Payment			

I _____ ID Number _____ have registered for _____ subjects with Tutorials campus which amount R _____, and have agreed on the above payment plan.

I understand and acknowledges that failure to honour (none or late payment) the agreed payment plan can or might result in the full or partly suspension of access to classes and/or other supporting resources.

This amount must be paid up before or on DD-MM-YYYY .

Student Signature

Date

Campus Administrator Signature

Date