



# ACADEMY AT VAAL TRIANGLE

## ENROLMENT FORM

ENROLMENT NUMBER         (To be provided By college Registrar)

Year of Commencement   /   /    Year and Month of Completion   /   /

PHOTO  
HERE

COURSE OF INTEREST: \_\_\_\_\_

Please tick whichever is applicable

LEARNER TYPE:

FULL TIME

PART TIME

COURSE TYPE:

LONG COURSE

SHORT COURSE

QUALIFICATION (tick relevant option)

Certificate

Diploma

Advanced Diploma

### LEARNER PERSONAL DETAILS

Mr.  Mrs.  Ms  Miss

GENDER:

Male

Female

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH   /   /

NATIONALITY: \_\_\_\_\_

RACE: African  White  Coloured  Indian  Other

MARITAL STATUS: \_\_\_\_\_

ID/PASSPORT No:    /    /    /

HIGHEST QUALIFICATION ATTAINED: \_\_\_\_\_ (Please supply a copy of the said qualification for RPL purposes)

### LEARNER CONTACT INFORMATION

HOME ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POST CODE:

EMAIL: \_\_\_\_\_

TEL:    /    /

CELL:    /    /

MEDICAL HISTORY:

DO YOU CONSIDER YOURSELF TO HAVE A MEDICAL CONDITION OR DISABILITY? YES  NO

If yes, please tick the appropriate boxes below.

Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>
Mental Health Difficulties	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>

DO YOU HAVE ANY LEARNING DIFFICULTIES YES  NO

If yes, please provide more information in the space below

Note that student personal information is used by the college to assess the learner's educational needs and for statistical purposes.

## PARENT/GUARDIAN CONTACT INFORMATION

HOME ADDRESS:

NAME & SURNAME:												
STREET:												
CITY/SUBURB:												
PROVINCE:												
POST CODE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>												

TEL :    /   /

WORK TEL :    /

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

NAME:

RELATIONSHIP TO STUDENT:

HOME PHONE:

/   /

WORK PHONE:

/   /

## PAYMENT TERMS

**Please Note:**

- School Fees are payable on the first of every month unless otherwise agreed upon.
- Where cash is paid to the College Bursar, please always insist on a receipt to be issued.

TOTAL PROGRAMME COST	DEPOSIT PAID	OUTSTANDING BALANCE
R	R	R
MONTHLY INSTALLMENT: R	TO BE PAID ON: _____ of Every: _____	
DATE OF FIRST LESSON: <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> / <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/>	TIME: _____	RECEIPT No: <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> / <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/>

## BANKING DETAILS

BANK NAME : FNB

ACCOUNT HOLDER NAME : Academy At Vaal Triangle

ACC NO : 62325522846

BRANCH CODE : 251141

BRANCH NAME : Clear Water Mall

(Above information to be filled with help from a College official)

## **Note: Registration Requirement**

- - Original or certified Copy of (Student's and Parent's) ID Documents,  
- Two ID size photos,  
- Copy of Matric statement/its equivalent.
- Registration fee of R 1450 ( Payable upon registration and is non- refundable)
- NB: Your admission will only be considered once the registration form is duly completed, relevant documents submitted and the registration fee is paid.

**Declaration:**

As a **student** at AVT College (Vereeniging Campus), I agree to strive to:

- Achieve academic excellence by completing class work, assignments and home work on time;
- Achieve an excellent record of behavior, attendance, punctuality and appearance by obeying the College rules and regulations;
- Respect other people's and the college's property at all times;
- Respect the dignity and rights of all members of the college community.

I have read and accepted the conditions, rules and consequences for the use or misuse of College computers.

As a **parent/guardian** of a student at AVT College I:

- Certify that I live full time at the above address with this student and that I am the legal **parent/guardian** or **declared caregiver** of this student;
- Undertake to ensure that this student obeys the rules and regulations of ACADEMY AT VAAL TRIANGLE as outlined in the official Student Handbook, and support the student to achieve the conditions set out above;
- Permit arrangements to be made to treat the student in an emergency, and agree to meet any costs incurred in the process;
- Will inform the college of relevant changes to information provided, e.g. address, student's health status etc.

**Other Terms of Enrollment.**

- The student's failure to attend classes for whatever reason shall in no way entitle him/ her to a reduction in fees, nor will it absolve him/ her or the other signatories to this document from full liability for the payment of fees and other charges.
- No cancellation of this contract shall be of force or effect without written consent thereto by an authorized officer of ACADEMY AT VAAL TRIANGLE.
- The right to attend classes and write exams is not transferable.
- ACADEMY AT VAAL TRIANGLE shall have the right to alter timetables, course commencement and completion dates where and whenever necessary.
- ACADEMY AT VAAL TRIANGLE reserves the right to create and apply rules (including due performance) and the student hereby agrees to be bound by such rules. ACADEMY AT VAAL TRIANGLE reserves the right to exclude the student from classes and examination (without in any way detracting from the right of ACADEMY AT VAAL TRIANGLE to recover fees payable), and to withhold a student's examination results or to dismiss him/ her for failing to pay tuition fees or failing to comply with any rules or the terms of this contract. The student and other signatories hereby agree to pay any and all tuition fees as and when they fall due to ACADEMY AT VAAL TRIANGLE, the liability for all costs to such action will fall on any signatories to this contract other than ACADEMY AT VAAL TRIANGLE, jointly and severally.
- Where tuition fees are payable to ACADEMY AT VAAL TRIANGLE in installments, the failure to pay any single installment timorously will result in the full balance becoming immediately due and payable without further notice.
- Fees payable to ACADEMY AT VAAL TRIANGLE comprise tuition fees for ACADEMY AT VAAL TRIANGLE and do not include external college membership fees, examination fees, stationary, accommodation or other items. Where fees for external exams and study materials are not known in advance, the signatories hereby agree to the quotation or changes thereof whenever made in the course of the study programme. Furthermore, it shall be the student's responsibility to bear the cost of transport and specialized stationery or any other materials.
- The student is responsible for ensuring that he/ she has been properly registered with any relevant external institute or examining body where applicable and that he/ she has been registered for relevant examination with such an institute or body. Other separate external entry forms must be completed in time. The student's failure to register or write examinations shall in no way entitle him/her to any sort of reduction in tuition fees, nor will it absolve him / her from full liability for the payment of fees.
- No relaxation, variation or indulgence granted by ACADEMY AT VAAL TRIANGLE to the other signatories hereto in respect of this agreement shall constitute a waiver of any right vested in ACADEMY AT VAAL TRIANGLE in terms hereof.
- ACADEMY AT VAAL TRIANGLE shall be deemed, to include any division of ACADEMY AT VAAL TRIANGLE or any other juristic person to whom the rights and obligation of ACADEMY AT VAAL TRIANGLE, as contained herein may be ceded/ assigned.
- In addition to these terms of registration, the signatories further agree to abide by the ACADEMY AT VAAL TRIANGLE enrolment terms and condition and the student's code of conduct which is in line with the Department of Education's student's code of conduct.
- Fraud cases including altering information on deposit slips, exchanging fees cards and altering information on fees cards are criminal cases and will immediately be reported to the police.

I have read and accepted the conditions, rules and consequences for the use or misuse of college computers by my child.

I have read the Statement about the requirements for admission to Academy at Vaal Triangle; I agree that the address I have given will be the usual place of residence of my child \_\_\_\_\_ while attending at ACADEMY AT VAAL TRIANGLE. I will inform the college of any change of address before my child moves to the new address.

I attest that the information contained herein is correct to the best of my knowledge.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature (LEARNER)	Signature (PARENT/GUARDIAN)	Signature (COLLEGE REGISTRAR)
---------------------	-----------------------------	-------------------------------