******

#  THIRD TERM 2021: REGISTRATION FORM

|  |
| --- |
| Surname First Name |
| Address  |
| E-Mail |
| Telephone (H) | (W) | (Cell)  |
| **Where did you hear about us? Please tick the relevant box:**□ I’m a parent or past pupil/parent of the school□ I’m on the mailing list and receive the CEP newsletter□ Through social media□ Word of mouth□ Other: Please specify |

**Please indicate which THIRD TERM courses you would like to register for:**

|  |  |
| --- | --- |
| Course Title: Course Fee(see Prospectus)  |  |
| Course Title: Course Fee (see Prospectus)  |  |
| Course Title: Course Fee (see Prospectus)  |  |
| Course Title: Course Fee(see Prospectus)  |  |
| Course Title: Course Fee(see Prospectus)  |  |
| Total enclosed:  | **R** |
| Please indicate whether you would like to be placed on our **free** electronic mailing list. **Only select this option if you have NOT been receiving the prospectus via e-mail.**  |  Yes  | No |
| I have read and accept the *Registration and General Information* in this C.E.P. Prospectus:  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTABLE:****EFT, Debit or Credit card payments are acceptable.**  EFT payments/Direct Deposits should be made payable to **BERGVLIET HIGH SCHOOL.****DIRECT BANKING DETAILS**: ABSA Bank, Account Name: Bergvliet High School Current Account No: 4078183123 Branch Code: 632005 Reference: CEP + YOUR FULL NAME.**N.B. Please e-mail this registration form along with proof of payment to:** kmiles@bhs.org.za  |
| Alternatively, you may **register in person** at the School on **weekdays from 08:30 – 15:30**, **during the school term.** |
|  |
| **PLEASE NOTE: Registration will NOT be acknowledged unless the course is cancelled, in which case you will be notified.** |
| **Registration Queries**: Contact the CEP Office: 021 713 7999 or Katharine Miles: 082 409 2195. |