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**GRADE 11 REVISION SCHOOL 2021: REGISTRATION FORM**

|  |
| --- |
| Surname First Name |
| School |
| Telephone (H)  | (Cell)  |
|  E-Mail |

**To register for a course, place a tick in the course selection column.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course** | **Course Fee** | **Course selection** | **Total Amount** |
| Science | *R* 450 |  |  |
| Accounting | 450 |  |  |
| Afrikaans | 450 |  |  |
| Maths (Pure) | 450 |  |  |
| Maths (Literacy) | 450 |  |  |
| Life Sciences | 450 |  |  |
| Business Studies | 450 |  |  |
| English | 450 |  |  |
| History | 450 |  |  |
| Visual Art | 450 |  |  |
| Consumers | 450 |  |  |
| ***TOTAL AMOUNT PAYABLE*** | ***R*** |
| Cheques or EFT payments should be payable to ***BERGVLIET HIGH SCHOOL.*** |
| I have read and accept the *Registration and General Information* in this C.E.P. Prospectus:  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The following forms of payment are acceptable: **Debit card, Credit card** or **EFT**, **DIRECT BANKING DETAILS**: ABSA Bank, Account Name: Bergvliet High School, Current Account No: 4078183123 Branch Code: 632005 Reference: CEP + YOUR FULL NAME.**Please fax (021 715 0631) or 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 during the school term,** from 08:30 – 15:30. |
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| **PLEASE NOTE: Registration will NOT be acknowledged unless the course is cancelled, in which case you will be notified.** |
| **Registration Queries**: Contact the Continuing Ed. Office: 021 713 7999 or Katharine Miles: 082 409 2195. |