******

**GRADE 10 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** | |
| Afrikaans | *R* 470 |  | |  | |
| History | 470 |  | |  | |
| Life Sciences | 470 |  | |  | |
| Business Studies | 470 |  | |  | |
| Maths (Pure) | 470 |  | |  | |
| Maths (Literacy) | 470 |  | |  | |
| English | 470 |  | |  | |
| Accounting | 470 |  | |  | |
| Geography | 470 |  | |  | |
| ***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](mailto:kmiles@bhs.org.za) |
| Alternatively, you may **register in person** at the School on **weekdays during the school term,**  from 08:30 – 15:30. |
|  |
| **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. |