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# FIRST TERM 2023: REGISTRATION FORM

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| 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 FIRST TERM courses you would like to register for:**

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| --- | --- | --- | --- | --- | --- |
| Course Title: Course Fee  (see Prospectus) | |  | | | |
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| 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](mailto: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. | | | | |