*680 Louis Botha Avenue, Wyberg-Santon, Johannesburg, 2090.*

*Tel: (011)0566356 Cell: 0789314432*

*Web: www.ihopecampus.co.za email:* [*ihopecampus@yahoo.com*](mailto:ihopecampus@yahoo.com)

**COURSE REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Number | | |  |  |  |  | |  | |  |  | | |
| Title | |  | Surname | | |  | | | | | | | |
| Full Name(s) | | |  | | | | | | | | | | |
| Known as | | |  | | | | | | | | | | |
| ID No. | | |  | | | | | | | | | | |
| Residential Address | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Code |  |
| Cell |  | | | | | | Tel | |  | | |  |  |
| Email | | | | | | |  | |  | | |  |  |
| Course date | | | | | | | | | | | | Time(s) |  |
| Special needs | | | | | | | | | | | |  | |
| How did you get to know about us? | | | | | | | | | | | |  | |

**TERMS AND CONDITIONS OF ADMISSION**

1. All application will only be accepted together with a NON REFUNDABLE fee of R300.
2. 50% deposit of the course fee is payable before commencement of the course. No cancellations will be accepted after commencement of the course, i.s full fee is payable according to the contract signed and no refunds will be giving.
3. The outstanding balance should be paid up before the course end date.
4. Course cancellation should be made in writing 14 days prior to the course starting date. 30% will be deducted from the paid amount. Failing so, the amount will be forfeited.
5. Study notes are not returnable and are subject to normal copyright restrictions.
6. ASSESSMENT FEES – Applicable where indicated on the list of courses. Note: Assessment fees are payable in advance. All internal assessment will be free of charge.

TO BE READ AND SIGNED BY ALL APPLICANTS:

I have read and understand all the conditions of registration as set out above. I understand the contract I have entered into with I Hope Campus and acknowledge that terms are binding.

Signed: ------------------------------------------------------------ Date: -----------------------------------------

WHERE THE APPLICANT IS SPONSORED, a sponsor or guardian must complete the following.

I, ----------------------------------------------------------------------- Parent/ sponsor or ---------------------------

Guarantee payment of the full fees of R------------------ in accordance with the conditions set out above.

Address: --------------------------------------------------------------------------------------------- Code: ------------

Contacts: -------------------------------------------------------------- ID No. ------------------------------------------

Signed: --------------------------------------------- Date: ----------------------------------------

**Banking Detail: FNB BANK**

**ACCOUNT NAME: I HOPE CAMPUS NPC**

**ACCOUNT NUMBER: 62439232373. CODE: 212217**

**BRANCH: BALFORPARK**