

Application Form

PARENT DETAILS

FATHER		MOTHER	
NAME		NAME	
SURNAME		SURNAME	
ID NUMBER		ID NUMBER	
PHYSICAL ADDRESS		PHYSICAL ADDRESS	
POSTAL ADDRESS		POSTAL ADDRESS	
	CODE		CODE
OCCUPATION		OCCUPATION	
COMPANY NAME		COMPANY NAME	
EMAIL		EMAIL	
CELL		CELL	
TEL (H)		TEL (H)	
WORK TEL		WORK TEL	

STUDENTS DETAILS

NAME		SURNAME	
IDENTITY NUMBER		DATE OF BIRTH	AGE
PHYSICAL ADDRESS			
POSTAL ADDRESS			CODE
EMAIL		CELL	

PREVIOUS SCHOOLING

PREVIOUS SCHOOL	GRADE
HOW MANY YEARS HAVE YOU BEEN DOING HOMESCHOOLING?	LEVEL



STUDY PROGRAM DETAILS

START YEAR	20	TERM 1	<input type="checkbox"/>	TERM 2	<input type="checkbox"/>	TERM 3	<input type="checkbox"/>	TERM 4	<input type="checkbox"/>
STUDY LOAD	PART-TIME <input type="checkbox"/>				FULL-TIME <input type="checkbox"/>				
SUBJECT LIST		LEVEL		NOTES					
1									
2									
3									
4									
5									
6									
7									
8									

MEDICAL

MEDICAL CONDITIONS		
ALLERGIES		
DOCTOR	TEL	
CONTACT IN CASE OF EMERGENCY	TEL	
	CELL	

NOTES



CREDIT CHECK CONSENT FORM

Please complete all sections below. Please print clearly.

STUDENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	STUDENT NUMBER

PARENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	

The applicants give VTC (Valley Tutor Centre) permission to carry out any credit or other checks against the name of the applicants that VTC may at any stage think necessary and give VTC (Valley Tutor Centre) permission to provide credit bureaus or credit providers with information regarding the applicant/s behaviour.

I				
	<i>(print full name of parent)</i>	<i>(ID number)</i>		
give permission for VTC (Valley Tutor Centre) to perform a credit check on myself.				
Signed at Fish Hoek, Cape Town on this		day of		20
SIGNATURE <i>(parent / guardian)</i>				



DEBIT ORDER FORM

BANK DEBIT ORDER INSTRUCTION

Payee (parent) Full Name: _____

Debit Amount: _____ Commencement Date: _____

Cellphone No: _____ Date: _____

Abbreviated name as registered with the bank: VTC HOUSE

The details of my/our account are as follows:

Accountholder's Name:	
Bank:	Account No:
Branch Name:	Branch Code:
Type of Account:	(e.g. Savings, Current, Transmission)

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement"). I / we hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / we may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

- i. On the 1st day ("payment day") of each and every month commencing on _____. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Tuition Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally. I / we also authorize VTC House (ty) Ltd to increase the debit order amount by 10% per calendar year to any subsequent year fee amount for as long as my child is enrolled at VTC House (Pty Ltd.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us within thirty days before the next debit order deduction date, in writing, such cancellation will not cancel the Tuition Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20____

(PAYEE) (SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT)

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____



RANDOM DRUG TEST CONSENT FORM

Please complete all sections below. Please print clearly.

STUDENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	STUDENT NUMBER

PARENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	

NAME	SURNAME
IDENTITY NUMBER	

All and any form of Alcohol or Drugs is prohibited from entering the centre. Random searches as well as alcohol and drug testing will take place in accordance to the Centre's policies and procedures. If a student is caught in possession or under the influence of these substances immediate disciplinary action will be taken.

I		give permission for		
	<i>(print full name of parent)</i>			
		to be randomly tested for drugs.		
	<i>(print full name of student)</i>			
Signed at Fish Hoek, Cape Town on this			day of	20
SIGNATURE <i>(student)</i>	SIGNATURE <i>(parent / guardian)</i>	SIGNATURE <i>(centre management)</i>		



INDEMNITY FORM

Please complete all sections below. Please print clearly.

STUDENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	STUDENT NUMBER

PARENT DETAILS

NAME	SURNAME
IDENTITY NUMBER	

NAME	SURNAME
IDENTITY NUMBER	

I, _____ the undersigned, parent / guardian hereby irrevocably indemnify the management and staff of Valley tutor Centre situated at 28 Recreation Road, Fish Hoek and will not in any way hold them responsible for any injuries, accidents or illnesses that might involve _____ (print full names of Student; while he / she is attending VTC on the above mentioned premises or on any outing organized by Valley Tutor Centre. I also indemnify them against any claim for lost, damaged or stolen possessions.

Signed at Fish Hoek, Cape Town on this		day of		20
SIGNATURE <i>(parent / guardian)</i>	SIGNATURE <i>(witness)</i>	SIGNATURE <i>(centre management)</i>		