

AMORICOM SCHOOL SUPPORT PROGRAM STUDENT REGISTRATION FORM



PLEASE COMPLETE THE FORM AND SEND IT TO admin@amoricom.co.za

STUDENT DETAILS:

Name:		Surname:	
Other Names:			
Date of Birth:		Id Number:	

PARENT GUARDIAN CONTACT INFORMATION

Name:		Surname:	
Telephone: (H/W)		Cell phone:	
Email:			
Physical Address:		Postal Address:	

Please see the tables below. Please tick the applicable subject choices.

SUBJECT TABLE	
SUBJECTS	SELLECT SUBJECTS
MATHEMATICS – (TECHNICAL MATHS)	
PHYSICAL SCIENCE	
LIFE SCIENCES	
ENGLISH	
ACCOUNTING	
TECHNICAL SUBJECTS	

COSTING TABLE	
NUMBER OF SUBJECTS	COST P/MONTH
ONE SUBJECT	R 565,00
TWO SUBJECTS	R 904,00
THREE SUBJECTS	R1186,50
FOUR SUBJECTS	R1350,00

INDEMNITY

I _____ parent/ guardian of _____

Hereby consent and give permission for _____ to attend interactive virtual classes.

Signature: _____ Date: _____

PAYMENT DETAILS:

Once we have received confirmation of registration, an invoice will be forwarded to you containing our bank details whereby you can make an EFT deposit. Please remember to send proof of payment to admin@amoricom.co.za. The proof of payment must include your name and surname or student number as a reference.

Comp Reg No: 2011/112933/07
VAT No: 4290263294

SACE ACCREDITATION NUMBER: 11277
QCTO ACCREDITATION NUMBER: SDP1220/17/00316

