



bergvliet high  
continuing  
education

## FIRST TERM 2019: REGISTRATION FORM

Surname	First Name	
Address		
Telephone (H)	(W)	(Cell)
E-Mail		

**Please indicate which FIRST TERM courses you would like to register for:**

Course Title: (see Prospectus)	Course Fee	
Course Title: (see Prospectus)	Course Fee	
Course Title: (see Prospectus)	Course Fee	
Course Title: (see Prospectus)	Course Fee	
Course Title: (see Prospectus)	Course Fee	
Course Title: (see Prospectus)	Course Fee	
<b>Total enclosed:</b>		<b>R</b>
Please indicate whether you would like to be placed on our <b>free</b> electronic mailing list. <b>Only select this option if you have NOT been receiving the prospectus via e-mail.</b>		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 fax or e-mail this registration form along with proof of payment to either 021 7150631 or email: [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, 8 January – 15 March 2019.

**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.