



FIRST TERM 2021: REGISTRATION FORM

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:

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			
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.		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
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

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.