



## **Our Campuses:** PRETORIA CAMPUS JOHANNESBURG CAMPUS DURBAN CAMPUS el: (012) 323 7311 Tel: (031) 301 7478 Tel: (011)836 1200 A. PERSONAL DETAILS SURNAME: FORE NAMES: **ID NUMBER:** HOME LANGUAGE **CITIZENSHIP**: **ADDRESS:** CITY/TOWN: **PROVINCE: CELL PHONE:** Ph Β. DETAILS OF COURSE/SUBJEC<sup>-</sup> (Write the name of the courses/subject(s) you would like a NOTE: Change of Subjects (for Matric) not allowed at WHICH CAMPUS DO YOU PREFER TO STUDY FROM? (Please mark your choice with a tick ( $\checkmark$ ) PRETORIA CAMPUS: PORT ELIZABETH CAMPUS: **DURBAN CAMPUS: EAST LONDON CAMPUS:** JOHANNESBURG CAMPUS: FOR OFFICIAL USE ONLY **DOCUMENTS HANDED IN Provisional Student Number** (tick only where applicable) Copy of Senior Certificate Amount paid on registration

Tel: (012) 323 7311 Fax: (086) 537 3030 pta@academystudiesco.za

PRETORIA

1st & 2nd Floors JSL Towers

P.O. Box 243

Pretoria, 0001

JOHANNESBURG 259 Pretorius Street/Cnr Andries 1 De Villiers Cnr Harrison Str 11th Floor (Opposite Bree Taxi Rank) Johannesburg, 2000

isett 🖉 seta

Tel/ Fax: (011)836 1200 Tel: (011)832 2851 jhb@academystudiesco.za

Fully Accredited by ISETT SETA No: ACC 01 000 618 **UMALUSI** Provisionally Accreditation - No: FET 00283 PA : Pretoria - No FET 00635 PA : East London - No FET 001081 : Johannesburg

- No FET 001181: Durban Institute of Certified Bookkeepers Reg No: 445/2009

Department of Education Registration No:2008/FE07/108 Gauteng Department of Education Exam Centre No: B910009

KZN Department of Education Exam Centre No: B5421272

Local Government Sector Training Authority (LGSETA) No: 14-562-2009

Fasset Accredited provider code: 1314

Authorised training providers for ACCA, CIMA, CAT, LCCI, LCM and CompTIA

ACCA

DURBAN 1st Floor Kenilworth House 35 Mark Lane (Cnr Pine Street) PO Box 5724 Durban ,4000

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CompTIA

Tel: 031 301 7478 Cell: 076 886 9507 Fax: 031 301 7516 Fax 086 637 8797 dbn@academystudiesco.za eln@academystudiesco.za

**CIMA** 

EAST LONDON

136 Oxford Street,

Opposite Post Office

P.O. Box 242

East London 5201

PORT ELIZABETH 346 Govan Mbeki Ave North End P.O. Box 242 East London 5201

Tel: 041 582 1382 Fax: 086 637 8797 Eln@academystudiesco.za

Copy of statement of results

Copy of ID document (applicant)

Copy of ID document (parent/guardian)

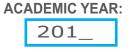
GDE Application Form (Matric Only)

Register online: www.academystudies.co.za

Form No: AF 01 - R2 **ACADEMY OF BUSINESS AND COMPUTER STUDIES** 

UMALUSI FET 00283 PA (PTA); ISETT SETA NO: ACC 01 000 618; Department of Education Registration No: 2008/FE07/108

APPLICATION FOR ADMISSION



EAST LONDON CAMPUS PORT ELIZABETH CAMPUS Tel: (043) 742 4439

Tel: (041) 582 1382

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| <b>F(S)</b> APPLIED FOR:              | STUDY MODE       |
|---------------------------------------|------------------|
| to study)<br>fter Confirmation by GDE | FULL TIME:       |
| ter committation by GDE               | PART TIME:       |
|                                       | PRIVATE TUITION: |
|                                       | CORRESPONDENCE:  |

**Receipt Number** Date of Payment

Form processed by: Signature:

### **RECORD OF PREVIOUS EDUCATION**

| (Particulars of last (or present) high school attended) NAME OF SCHOOL:                    |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| CITY/TOWN: PROVINCE: PROVINCE:   |  |  |  |  |  |  |  |  |  |  |
| HAVE YOU PREVIOUSLY ATTENDED ANY OTHER TERTIARY INSTITUTION?                               |  |  |  |  |  |  |  |  |  |  |
| IF YES Then NAME OF THE INSTITUTION:   |  |  |  |  |  |  |  |  |  |  |
| CERTIFICATE/DIPLOMA/DEGREE OBTAINED:   |  |  |  |  |  |  |  |  |  |  |
| HOW DID YOU COME TO KNOW ABOUT ACADEMY? Through (Tick your choice)                         |  |  |  |  |  |  |  |  |  |  |
| A RELATIVE A FRIEND THE WEBSITE THE FLYER A POSTER:  |  |  |  |  |  |  |  |  |  |  |
| NEWSPAPER (If newspaper, which one?) OTHERS (please state)                                 |  |  |  |  |  |  |  |  |  |  |
| Do you have a relative or friend who studied at Academy before? YES NO If YES, which year? |  |  |  |  |  |  |  |  |  |  |

## D. DETAILS OF PARENT OR GUARDIAN

| SURNAME:                   |     |     |  |  |  |  |  |  |    |     |     |  |    | τιτι | E: | Μ  | R.  | MIS | S. | MRS | 3 |
|----------------------------|-----|-----|--|--|--|--|--|--|----|-----|-----|--|----|------|----|----|-----|-----|----|-----|---|
| FORE NAMES:                |     |     |  |  |  |  |  |  |    |     |     |  |    |      |    |    |     |     |    |     | ] |
| RELATIONSHIP:              |     |     |  |  |  |  |  |  |    |     |     |  |    |      |    |    |     |     |    |     | Ī |
| HIS/HER CONTAC<br>ADDRESS: | т   |     |  |  |  |  |  |  |    |     |     |  |    |      |    |    |     |     |    |     | Ī |
| ADDRESS.                   |     |     |  |  |  |  |  |  |    |     |     |  |    |      |    |    |     |     |    |     |   |
|                            |     |     |  |  |  |  |  |  |    |     |     |  | PO | STA  | LC | OD | )E: |     |    |     |   |
| CITY/TOWN                  |     |     |  |  |  |  |  |  | Pŀ | ION | IE: |  |    |      |    |    |     |     |    |     | ] |
| HIS/HER OCCUPA             | TIC | )N: |  |  |  |  |  |  |    |     |     |  |    |      |    |    |     |     |    |     | ] |

# DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT PAYMENT

| Who is going to pay your account? | PARENT/GUARDIAN: | EMPLOYER:   | BURSARY: | SELF: |  |  |
|-----------------------------------|------------------|-------------|----------|-------|--|--|
| Name of account addressee:        |                  |             |          |       |  |  |
| Address:                          |                  |             |          |       |  |  |
| ID Number::                       |                  | Telephone:  |          | Ext:  |  |  |
|                                   |                  | Cell phone: |          |       |  |  |

### DECLARATION BY ACCOUNT PAYER:

I ...... (Names) do accept full responsibility for the payment of the student's fees to the fullest amount for the applicant named ..... and accept that this stands binding in me. I agree that failure

due to whatever reason by the student to attend lectures ,tests, examination or any prescribed school activity will not reduce my liability to pay the fees in full. I agree that if any installment due hereunder remains unpaid for a period of two (2) months after due date thereof, the whole balance will be deemed to have become due and payable and if Attorneys are instructed to recover such amounts due, I will be liable for paying all costs and collection charges.

Signature of Account Payer: .....

Date: .....

# Special Commitment By Account Payer

In case of any special commitment in respect of fee paying, please state below:

# F. REFUND AND LEARNERS GUARANTEE POLICY

At ABCS, refund of learners' fees is guaranteed. The following are the rules for the refund of fees as contained in our Rules and Regulations for Academy of Business and Computer Studies Student Fees policy document (Section 5).

#### Rules for the Refunding of Fees.

- 1. A registered learner may cancel his/her registration. She/he must submit a formal application to the College by outstanding fees, plus finance charges and collection costs in the event of legal action. An application for **Business and Computer Studies.**
- Fees will be refundable to learners or their employers according to the following criteria: 2.
  - A. In the case where the student has paid the full course fees:
    - Withdrawal from or cancellation of course by the student during the registration period 100% i. refundable, excluding the registration fee.
    - ii. without having attended any lesson 100% refundable, excluding the registration fee.
    - iii excluding the registration fee.
  - the time of the withdrawal or cancellation, any such amount owed to the learner will be refundable.
- 3. instalment fee, regardless of whether or not he/she has attended lessons.
- Registration fee will be refundable in the following instances only: 4
  - i. Non offering of a subject by Academy of Business and Computer Studies

  - the above rules will apply.

# G. DECLARATION BY APPLICANT

I ...... (Name) certify that the information given in this application form is true and correct and given in good faith. In the event that I do not complete my studies or wish to cancel my registration for whatever reasons, I fully understand that I will NOT be entitled to any refund of fees or part thereof paid by my guardian or me except as provided for in the REFUND AND LEARNER GUARANTEE POLICY attached hereto. I am fully aware and understand that unless I am registered for private tuition, the course I am registering for falls under Further Education Training (FET) band. Further, I understand that I am bound by the rules and regulations of the ACADEMY OF BUSINESS AND COMPUTER STUDIES pty limited

Applicant's Signature: .....

completing a cancellation form. Failure to do so will result in the learner being held liable for payment of the full cancellation shall only be valid or acceptable if accompanied with a letter of admission from the Academy of

Withdrawal from or cancellation of a course by the student after the closing of registration period,

Withdrawal from or cancellation of a course by the student after the closing of registration period, after

having attended some lesson the amount pro rata to the monthly instalment fee multiplied by the

number of months (inclusive part of any month), is deducted the remaining may be refundable,

b. In the case where a student has been paying monthly instalment fees, and had made an upfront payment at

Fees will not be refundable to learners or their employers in the case where a student has paid only the monthly

ii. Medical reasons a medical certificate must be submitted and the nature of the illness must have a direct bearing

on not being able to cope with studies. In instances where the medical certificate does not merit consideration,

Date: .....