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GDE Reg. No.: JN 700400675 Umalusi accreditation: SCH 000361 PA Cambridge International Examination Centre: ZA 057

Dean: Margaret Oshry B.A; UED; B. Ed; M. Ed

Group & Director of Studies: Claudia Meyer B.A.; B.A.(HONS) M.A. Northriding Campus (Preparatory) Principal: Joan Griebenow B.A. TTHD

Bryanston Campus Principal: David Cawdry B.A. TTHD Pretoria Campus Principal: Alba Marais B.A.: HED Distance College Principal: Gerrit Blom B.A

<u>APPLICAT</u>	ION FO	R REGIS	STRATION .	Distance College Pr		
Start date	MONTH	YFAR	Stage	Student no.	House	,

Note: A minimum initial payment of R20 000.00 is to be lodged upon application. If a place is offered and taken up this is

fully deductible from the	he tuition	fees. If how	weve	r a plac	e is off							nis is	s not	refun	dable.	up imo io
1. Student Inform	nation			·						•						
Last Name																
First Names																
Gender	Male	Female														
	Year		Mon	ıth	Day						_					
Date of Birth							Age	(as c	of 1 .	Jan 1	6)					
South African Citizer	n?		Υ	es/	No	Na	tional	ity								
If so, Identity Number					•											
Please attach a copy of f		of ID book.	If not	South A	frican p	lease	attach	a co	оу о	f pass	sport	and	study	permi	t of ch	ild
South African Resid	ential															
Address & chosen																
domicillum citandi et	t															
executandi																
Tel Home																
Name Mother																
Tel Mother Home	е			Work				Cell								
Mother's email								•		•						
Name Father																
Tel Father Home	е			Work				Ce	II							
Father's email																,
Medical conditions		Kindly su	pply	BIPS w	ith life-s	aving	treat	ment	det	ails e	g. Ve	ental	in for	asth	matics	;
(allergies etc.)																
Doctor's Name																
Doctor's Tel No.																
Medical Aid																
Medical Aid No.																
2. Details of relat	tive and	or frien	d no	t livir	ng witi	h ap	plica	nt:								
Name					<u> </u>											
South African									Fa	ıx no						
Residential Address	3								Та	IX IIU						
& chosen domicillun								En	nail							
citandi et executano								LII	IIaII							
Tel Home								Cell								
Tel Work																
Postal Address																
										Post	al Co	do				

3. Academic inf	ormation:									
Previous school (if	applicable)									
Grade Completed										
·		•								
Name of siblings at BIPS or BIC: 1:2:										
-	3.				4.					
	<u> </u>									
How did you hear at	oout the School (Newspap	er/Word of Mou	th/etc	;?)						
	a year is completed or not									
	annual Schedule of Fees									
	ement. The School reserv			nd servi	ice or wit	hhold resu	Its of courses or			
examinat	tions if any payment is not	received timeor	usly.							
5. Person responsible for payment of fees if company responsible please provide confirmation letter from company										
			ily les	oorisible p	nease provi	ue comminatio				
Title Relationship to	Initials La	st Name	ID	No						
student			י טו	NO.						
Tel Home	Work				Cell					
	VVOIR				Cell					
Postal Address					Pooto	l code	T			
					FUSIA	i code				
Employer										
Email address										
Alternative email										
May your spouse i	eceive financial informa	tion		YES	NO					
6 Declaration a	and Undertaking									
	articulars furnished by me on	this registration a	are tru	e and co	rrect and	Lundertake	to abide by the Code of			
Conduct of the Schoo	I, which I have read and und	erstand, and acc	ept th	at any br	reach may	result in im	mediate cancellation of			
	ut prejudice to any other rig									
	uires three (3) calendar mo									
	eu of the required notice. I a bwledgement, undertaking an									
	ndition whatsoever and this o									
independent of any ot	her cause. I hereby choose	my domicilium cit	tandi (	et execut	tandi the a	address mer	ntioned above, at which			
	d/or processes in terms of o									
served upon me. I expressly waive and renounce the legal benefits and exceptions non numeratae pecuniae, non causa debiti,										
errore calculi, and I declare myself to be fully acquainted with the meaning and effect of these exceptions and of the renunciation of the benefits thereof. Should I default herein and judgment is subsequently granted against me as a result of my default, I										
consent to the installments as mentioned on the current Schedule of Fees and consequent statement of fees due being made an										
order of the court. In terms of this agreement I undertake to notify British International Preparatory School via facsimile or										
otherwise as to all pay	ments made by myself or on	my behalf.								
Signature of Par	ent/Legal Guardian/ persor				Date					
_	eni/Legal Guardian/ persol isible for account	1			Dale					
ТСОРОГ		ired for registration								
□ Complete	d application form (signed by par	uired for registration	on.							
·	irth Certificate of student	enii/ guarulan)			Registrat	tion Authorise	2d			
	nmunization card of student				- riogistra	tion Admonse				
□ Last scho						For office	e use only			
	ard from previous school (if appl	icable)				Principal	-			
	D/Passport of person responsible					 Date				
	initial payment (which is a portion		es)		]		·			
	os of student									
□ Signed Co	ode of Conduct									
□ Letter from	n Company confirming that they	are responsible for	payme	nt (if appli	cable)					
Registration receive	d by:									
. logiotiation rootive	NAME OF STAF	FMEMBER		_	DA	TE				