

TLHARIHANI TVET COLLEGE

GOOD HOPE MBHAPE DEVELOPMENT SKILLS



ETDP – 10176 – ISETT SETA LPA 2009/09/896

UMALUSI FET 00781P HIGHER EDUCATION & TRAINING 2011/FET/036

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Phaphadi/Mamaila Village Next to
Vahlave Bricks Giyani Main Road)



Quality Education & Training Skills Development

BANKING DETAILS

ACCOUNT HOLDER : TLHARIHANI TRAINING CENTRE
 ACCOUNT NO : 93-6831-7021
 ACCOUNT TYPR : CHEQUE
 BRANCH CODE : 632005
 REFERENCE : ID NUMBER
 (STUDENT DETAILS)

APPLICATION FOR ADMISSION: 2022

PLEASE READ THIS FORM BEFORE SIGNING

Direct learning

Distance Learning

Admission date _____

student number _____

A	STUDENT INFORMATION											
	Surname: _____ Full Names: _____ Date of Birth: _____ Id: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Title (Please tick): Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Contacts: _____ Physical Address: _____ _____ _____ _____ Postal Address: _____ Code: _____											

Home language: _____

Race: _____

Gender: M. F.

Disability: Yes. No

If yes submit a certified copy of your statement/ certificate.

Health status: Good Better Bad

If bad you can provide details of your treatment or medical history from qualified and registered doctor or medical practitioner if possible, the doctor's address for him/ her to alert the institution about the date that the student will attend the treatment programme.

AGREEMENT

1. This document serves as an agreement between the sponsor, the student and the college. A prospective student must be therefore be sure of his/her course before signing.
2. All fees exclude distance or online studies, data charges.
3. The college expects all students who have signed their contract to take their lessons seriously and abide by the college's regulations, the learner/ students code of conduct and other policies of the institution.
4. Registration is non-refundable.
5. Once the student has signed the enrolment agreement and if he/she is willing discontinue with our institution for the next trimester/ semester, he/she must write the student deregistration letter so that the college will not register him/her.
6. Failure to write deregistration letter, such student will be entitled to pay the amount of R800.00.
7. Registered students who wish to cancel their studies must inform the college officially of their own intention to cancel. Until such time (learning period) the sponsor will be liable to pay the tuition fee.
8. No student will be allowed to write external examination before settling outstanding balance.
9. All students are expected to be in possession of the student card at all times.
10. Should a student abscond classes for two days without reporting to the management or the lecture, the student will be required to bring a parent or a letter?

I AGREE WITH ALL AFOREMENTIONED TERMS AND CONDITIONS: _____ DATE _____

I, _____ . The sponsor declares that:

1. I am responsible for the payment of tuition fees for the student (student name and surname) _____. Where the total tuition fees (of course registered) R..... payable as follows:
On the 15th of the month, on the 22th of the month
On the 25th of the month, on the 30th of the month
Or other the date of the month (specify the actual date) _____

2. Monthly instalment to be paid R
3. I am not insolvent or under administration, I accept that I will still be held responsible for the payment even if the above mentioned is found to be true.
4. I accept the condition of enrolment agreement stated above.
5. The information supplied is to the best of my knowledge and is correct and true.
6. Any confirmation of payment or inability to pay must be submitted to the office of the college in writing in the form of letter signed by the student or sponsor. Every student must meet all the requirements including the monetary for registration except if his/her sponsor or parent/guardian has submitted a written letter and declaration form from the magistrate or SAPS of agreement as a confirmation signed before he/she starts to attend class.
Sign: _____ Date: _____

Declaration by parent/guardian

I, _____ in my capacity as a sponsor, parent/guardian, have read and understood the terms and conditions of the enrolment agreement and its requirement. And further declare that I will abide by the rules and requirements contained in this agreement and with any other policies of the institution.

Signed by _____ at _____ on the _____
_____ of _____ 20_____

Parents/guardian signature: _____ Date: _____

Name of doctor or medical practitioner: _____

Contact number of doctor or medical practitioner: _____

Name of hospital, health centre or clinic: _____

Declaration signature of sickness by student _____

Declaration signature of sickness by parent/ guardian _____

B

EDUCATIONAL HISTORY

under the disciplinary control of the institution as from the date I take up participation as a student or day which I commence duties to attend studies or orientation week or I fail to renew my registration on the due date.

That I accept and understand that the institution keeps documents, including this declaration and agreements, electronically and distribute them as such. The institution shall at all times be entitled to utilize such documents in electronic format generated documents shall replace the originals signed by me.

That although the institution does not take any responsibilities to inform parents or guardian or major contributor/ sponsor of disciplinary action against me (whether pending or finalized), academic performance or any other matters relating to me as a student, the institution may be at its discretion report to the parents or guardians or major fee contributor such breaches of the rules by me as the student as the institution may deem necessary and further report to any matter concerning progress, conduct, well-being or health of myself.

The institution is not responsible for any injury to a student as a result of any incident when coming to school coming home, or within the premises of the institution due to failure to abide by the health and safety rules of the school.

The institution is also not responsible for any injury due to fights amongst students within or outside the institution. This matter is to be reported to the police or any legal structure by the affected student or his/her parents/guardians: sign: _____
Date: _____

I, _____ in my capacity as a student/potential student, have read requirements. And further declare that I will abide by the rules and requirements contained in this agreement and with any further policies of the institution.

Signed by me at..... On this..... day..... Of..... 20.....
Signature.....

E	ADMINISTRATOR/ OFFICE	
	Administrator.....	Date of admission.....
	Signature of administrator.....	Date.....
	_____ Director	
	_____ Date	

