SILVER SOLUTIONS

20 Main Road, Rosebank, Cape Town, South Africa

www.varsity.capetown Tel: 021 686 7280 info@varsity.capetown

Academic Year		CONTRACT OF ENROLMENT	Date	

Course of study	

STUDENT DETAILS

Student No.

Surname	
First Name	
Other Names	
Date of Birth	d d m m y y Age Male Female
Identity Number	
Passport Number	Country
Email Address	
Cell Number	

Academic Qualifications: _____ Year complete: _____

Module(s): _____ NQF level: _____

School / Institution: _____ Country: _____

PARENT / GUARDIAN DETAILS

Surname of Parent	Initials:
Home Address	Postal Code
Name and Address for Account Purposes	Postal Code
Email Address (Father):	
Email Address (Mother):	
Email Address (Guardian):	
Telephone Numbers	(H) (W)

Cell Numbers	
	FATHER
	MOTHER
	GUARDIAN

CONTRACT AMOUNT

REGISTRATION FEE R_____

COURSE FEE R_____

TOTAL R_____

DEPOSIT PAID R_____

BALANCE OUTSTANDING R_____

METHODS OF PAYMENT

Tick one of the following

☐ 1] Total in advance on enrolment.

☐ 2] 6 Monthly Instalments - First payment on acceptance. Thereafter monthly , March to July.

☐ 3] Foreign Students - 3 instalments: payments to be made in January , March and June.

_____ ID No: _____

Parent / Guardian / Student (Delete whichever does not apply)

Signature: _____ Date: _____