



STUDENT ENROLEMENT FORM

Student details:

Name (As per ID)	
Surname (As per ID)	

Title:

MR		MS		Miss	
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Sex

M		F	
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ID number:

ID number	
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Passport no:	
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Registration fee paid	EFT Cash	Date:
Accepted by		Date:

T-Shirt Size

Name of course

Nationality

Ethnicity

Contact details:

Cell phone number:		Back up number:	
Email address:			
Next of kin name:		Contact:	
Next of Kin Name:		Contact:	

Allergies / Medical conditions:

(Ensure the student brings any medical device to class i.e. asthma pump, epinephrine pen, insulin etc.)

Doctors details & number:

.....

Medical Aid name and no:

.....

I hereby give consent to the Star Quality management team to make decisions regarding the student's well-being in case of Medical Emergency should the guardians/parents be unavailable

Student Signature.....

Date:

Parent/guardian signature (if student is under 18 years of age)

Date.....

****please return this form fully completed to our head office 22 Niger Road Emmerantia or email it to info@starquality.co.za with proof of your registration fee. For any further queries please call us on 0110365666***

Educational History (please attach a certified copy of your matric certificate/SQA accredited equivalent):

Name of school where grade 12 was attained..... year of completion.....

Y	N
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Have you previously studied at a tertiary institution?

If yes- Please state name of institution.....Student Number.....

Qualification:Qualification attained

Y	N
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If yes – year attained..... (Attached certified copy of academic transcript)

Check list:

Certified copy of ID (If South African Citizen)

Y	N
Y	N
Y	N
Y	N
Y	N

Certified copy of ID book of person responsible for payment of account

Certified copy of study permit and your passport (If not South African Citizen)

Certified copy to your results for latest school year completed- Grade 11 or Matric (Grade 12)

Foreign School Results, as Assessed by the South African Matriculation Board (If Applicable)

Account payer details:

Account payer 1

Title: (Mr,Mrs,Miss,Ms) Relationship to Student

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First name (As per ID) Surname (As per ID)

ID no

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Cell no. Email

Employer name
.....

residential Address:		
	Postal Code:	

Postal Address:		
	Postal Code:	

I (Full Name of Account payer as per ID) ,.....

ID no

I hereby Declare that this registration is being made with my permission and that I hereby bind myself guarantor for the fulfilment of the student's obligation as a result of this agreement. I, undersigned have read, completed and understood the entire contents of this registration form/contract and hereby jointly and severally accept all terms and conditions. I hereby accept/consent to him/her undertaking the said lesson(s), and commit myself as surety and co-principal debtor of the fees and accept all the conditions as described herein before.

Account Payer Signature Date

Account payer 2

Title: (Mr,Mrs,Miss,Ms) Relationship to Student

First name (As per ID) Surname (As per ID)

ID no

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Cell no. Email

Employer name
.....

residential Address:		
	Postal Code:	

Postal Address:		
	Postal Code:	

I (Full Name of Account payer as per ID) ,.....

ID no

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Account Payer Signature Date

Star Quality Performing Arts College Banking Details:

First National Bank Rosebank
Branch Code: 250655
Account no: 62439149974
REFERENCE!!!! Please insert your student name and Surname or invoice number!

Payment options:

** If no choice is indicated, or if you should fail to honor any option by the commencement dates specified, you will automatically be billed for option C. Non-South African Citizens may only select Option A or option B.

<p>Registration fee needs to be paid by the time you hand/email this form. Please tick to acknowledge payment</p> <p>Registration for Fulltime acting program and Part time acting program R 2000</p> <p>Registration for short acting program R 1500</p>		<p>R2000</p>	
		<p>R 1500</p>	
<p>Tick Payment option below</p>			
<p>Option A</p>	<p>• Early bird discount</p> <p>Full acting program:</p> <ul style="list-style-type: none"> If full tuition is paid by 22 December 2019 a 10% discount will apply for full fees (R6000 discount) therefore only paying: R54 000 		
	<p>Part time:</p> <ul style="list-style-type: none"> If full tuition is paid before registration closing date 2020 a 10% discount will apply for full fees (R1500 discount) therefore only paying: R13500 		
<p>Option B</p>	<p>Full time acting program:</p> <ul style="list-style-type: none"> If full Tuition is paid by 5 February 2020 a 8% discount will apply for full fees (R4800) - therefore only paying R55 200 		
<p>Option C</p>	<p>Full acting program:</p> <ul style="list-style-type: none"> Tuition fee: Deposit – payable before 5 February R 15 000 (**Thereafter 9 monthly Instalments of R 5000 per month (March- November 2020)) 		



STARQUALITY
 PERFORMING ARTS COLLEGE

info@starquality.co.za
 0110365666

	<p>Short Acting program:</p> <p>Registration fee R1500 (**Thereafter 3 monthly Instalments of R 2000 per month)</p> <p>Tuition Total fee for the 3 months: R7500</p>	
	<p>Part Time acting program:</p> <p>Registration fee R2000</p> <p>Tuition fee: Deposit – payable before each registration closing date R3000 (**Thereafter 3 monthly Instalments of R 4000 per month</p> <p>Tuition Total fee for the 3 months: R15 000</p>	

** the above fees exclude the R 2700 applicable for Student textbooks to be purchased.

** please also be advised that the registration fee is non- refundable

Please sign for your payment option selection:

Account payer 1 Date

Account payer 2 Date

Student Signature Date.....