INNOVATION TECHNOLOGY CAMPUS

OFFICE 1 & 2, RAMA CENTRE, CNR ARRAS AND BEATTY STREET WITBANK, 1035
Tel: **013 656 1033**; Cell: **081 380 0206** Whatsapp **074 512 1898**
Email: info@innovationtechcampus.co.za; technologycampusa@gmail.com ;
Website: **www.innovationtechcampus.co.za**

FOR OFFICE USE ONLY

Student No:

Captured By:

Signature:

Date:

INSERT STUDENT MEMBER'S PHOTO HERE

REGISTRATION FORM

All particulars on this form must be correctly completed, using **Block Capitals** and must be accompanied by the required documents.
A Non- Refundable Admin Fee of R500-00 must be paid on registration.

SECTION A. PARTICULARS OF STUDENT MEMBER

☐ **NEW STUDENT** ☐ **EXISTING STUDENT**

STUDENT NUMBER: _____

YEAR OF ADMISSION		**DATE OF APPLICATION**	
Surname:	ID Number/ Passport Number:		
Full Names:	Title		
Date of Birth	Home Language		
Gender:	Male: ☐	Female: ☐	
South African Citizen:	Yes: ☐	No: ☐	
EMPLOYMENT STATUS	Full-time ☐	Part-time ☐	Non-working ☐	Pensioner/ Retired ☐
Current Employer	Job Title	Duration	
Highest Qualification	☐ Matric Endorsement	☐ Higher Certificate	☐ Diploma Degree	☐ None
Contact Information			
Residential Address:			
Postal address:			
Contact Tel No:	Code:	Number:	
Email	Do you want to receive notification from the college	☐ YES	☐ NO

PARENT/GUARDIAN NAME	
CONTACT NUMBERS	

NB: A COPY OF YOUR ID/PASSPORT (WITH STUDY PERMIT) AND QUALIFICATIONS MUST BE ATTACHED

SECTION B. CHOICE OF PROGRAMME

COURSE: _____LEVEL:_____

SUBJECTS

BANKING DETAILS
Account Name: **INNOVATION TECHNOLOGY CAMPUS**
Bank: **CAPITEC BANK**
Account Type: **BUSINESS ACCOUNT**
Account NO: **1 0 5 2 9 4 0 0 6 4**
Branch Code: **4 5 0 1 0 5**

FEES TOTAL: _____

AMOUNT PAID:_____ INSTALMENTS:_____

NB: REGISTRATION FEE IS NON-REFUNDABLE AND ALL FEES ARE NON-REFUNDABLE AFTER 14 DAYS OF REGISTRATION. IT IS THE STUDENT'S RESPONSIBILITY THAT HE/SHE REGISTERS IN TIME FOR THE EXAM.

SECTION C. COLLEGE RULES AND REGULATIONS

1. My behaviour will be in accordance with the Code of Conduct of **Innovation Technology Campus**. I will always behave in such a manner that it will be beneficial to a healthy learning environment.
2. I will do my best to see the school going forward and complete all tasks and assignments given to me. I further agree that I will complete all my projects and assignments and hand it in the designated time.
3. I will be responsible for all items I use at college should I damage or abuse any item, the school has the right to claim the full replacement amount from myself, my parents or my guardian.
4. The school will not tolerate any form of substance abuse, should the school become aware of such, or the behaviour of the member coincides with the known effects of substance abuse, the school has the right to suspend the student.
5. No weapons of any kind are allowed at school. This will dead to immediate dismissal.
6. Every pupil, by signing the official registration form of the college becomes subject to the disciplinary code of **Innovation Technology Campus.**

SECTION 1. MEMORANDUM OF AGREEMENT

I_____I.D. No_____ declare that:

1. All particulars given by me in this form are **TRUE** and **CORRECT** and I will inform **Innovation Technology Campus** of any changes that may affect the information given on this form within **TWO WEEKS** of such a change.

Signature of Applicant: _____Date:_____

For office use only

Date enrolled:_____ Paid/receipt#:_____ New/Renew(circle) Staff Initials:_____

Assigned Student #:_____ Card Made & Issued:_____