

Campus agent code: _____

REGISTRATION at the Virtual Campus

for the ____ term / terms of 20 ____

I _____ (parent / guardian) of _____
want to enroll him / her for the Mathematics courses presented on the StudyMagix
Virtual Campus for the periods as stated above.

- I understand that each course must be requested separately and sequentially, and also
- that each module of a relevant course will only be considered complete once the assessment for that specific module has been submitted and completed.
- All Terms and Conditions will be updated on the website, and I agree to these.

I undertake to be responsible for the correspondence concerning all these issues through the use of the following eMail address: _____ which is also the address to which the results of the assessment results must be forwarded.

- I accept the costs as explained to me by the Campus Agent. I choose to pay by (Tick where applicable) EFT Cash Debit order

My details:

Name and Surname: _____ Cell: _____

eMail: _____ Tel no (W) _____

Student's details:

Full names and Surname: _____

Name of student as called by friends: _____

Grade: _____ School: _____

Signed: _____ Date _____

As soon as this form is received and processed you will receive an Invoice / Debit Order form, and after payment has been received you will be sent the password(s)