



STUDENT NUMBER:

TURNING QUALIFICATIONS INTO CAREERS

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# STUDENT REGISTRATION FORM

YEAR:

\*The following documents are required to complete the Registration Process:

| No. | ITEM REQUIRED   | YES (✓) | NO (X) |
|-----|---|---------|--------|
| 1   | Certified Copy of Student's I.D Document /Card  |         |        |
| 2   | Certified Copy of Highest Qualification Attained (eg: Matric Certificate)             |         |        |
| 3   | Certified Copy of I.D of Person liable for Fees                                       |         |        |
| 4   | Official Proof of Address of Person Liable for Fees                                   |         |        |
| 5   | 2 Colour I.D size Photos of Student   |         |        |
| 6   | Proof of Payment of Registration Fee / Deposit Paid ( <i>Non-Refundable Deposit</i> ) |         |        |

R \_\_\_\_\_, \_\_\_\_\_

\*The Registration Process will not be confirmed should the above items not be submitted with this Form.

\*ALL FIELDS IN ALL SECTIONS ARE REQUIRED TO BE FILLED IN:

Returning Student  New Student

## SECTION 1: STUDENTS PERSONAL INFORMATION

|                                  |                      |                          |                      |                          |                           |                          |  |
|----------------------------------|----------------------|--------------------------|----------------------|--------------------------|---------------------------|--------------------------|--|
| <b>STUDENT DETAILS</b>           | First Name/s:        |                          |                      |                          |                           |                          | <b>ATTACH<br/>2X I.D PHOTOS<br/>HERE</b> |
|                                  | Surname:             |                          |                      |                          |                           |                          |  |
| <b>COURSE NAME</b>               |                      |                          |                      |                          |                           |                          |  |
| <b>REGISTRATION TYPE</b>         | Full Time: (X)       | <input type="checkbox"/> | Part Time: (X)       | <input type="checkbox"/> | Study Level:              | <input type="checkbox"/> |  |
|                                  |                      |                          |                      |                          | <b>N4 &amp; N5 or N6?</b> | <input type="checkbox"/> |  |
| <b>IDENTITY NUMBER:</b>          | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/>      | <input type="text"/>     |  |
| <b>NATIONALITY:</b>              |                      |                          |                      |                          | MALE                      | <input type="checkbox"/> |  |
| <b>PHYSICAL ADDRESS:</b>         |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
| <b>POSTAL (Billing) ADDRESS:</b> |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
|                                  |                      |                          |                      |                          |                           |                          |  |
| <b>EMAIL ADDRESS:</b>            |                      |                          |                      |                          |                           |                          |  |
| <b>CELL NUMBER:</b>              | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/>      | <input type="text"/>     |  |
| <b>HOME NUMBER:</b>              | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/>      | <input type="text"/>     |  |

STUDENT SIGNATURE \_\_\_\_\_

REG. OFFICER Full Name: \_\_\_\_\_ 1

\*NB- ANY ALTERATIONS & AMENDMENTS WILL REQUIRE A NEW REGISTRATION FORM OR THE INITIAL INFORMATION WILL BE PROCESSED.



**SECTION 2: STUDENT'S NEXT OF KIN DETAILS:**

|                           |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| NEXT OF KIN FULL NAME:    |  |  |  |  |  |  |  |  |  |  |
| CONTACT NUMBER:           |  |  |  |  |  |  |  |  |  |  |
| RELATIONSHIP: MOTHER,ETC? |  |  |  |  |  |  |  |  |  |  |
| PHYSICAL ADDRESS:         |  |  |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |  |  |

**SECTION 3: ACADEMIC INFORMATION**

|   |    |                    |   |                              |                         |  |
|---|----|--------------------|---|------------------------------|-------------------------|--|
| COURSE NAME:  |    |                    |   |                              |                         |  |
| <b>MODULE NAME</b><br><i>(Maximum of 6 and Minimum of 4 Modules per Semester)</i> |    | <b>N4/<br/>5/6</b> | <b>NEW REG/<br/>REWRITE/<br/>RE-REG</b> | <b>STUDENT<br/>SIGNATURE</b> | <b>REG.<br/>OFFICER</b> |  |
| <b>1<sup>ST</sup> SEMESTER</b>  | 1- |                    |   |                              |                         |  |
|   | 2- |                    |   |                              |                         |  |
|   | 3- |                    |   |                              |                         |  |
|   | 4- |                    |   |                              |                         |  |
|   | 5- |                    |   |                              |                         |  |
|   | 6- |                    |   |                              |                         |  |
| <b>2<sup>ND</sup> SEMESTER</b>  | 1- |                    |   |                              |                         |  |
|   | 2- |                    |   |                              |                         |  |
|   | 3- |                    |   |                              |                         |  |
|   | 4- |                    |   |                              |                         |  |
|   | 5- |                    |   |                              |                         |  |
|   | 6- |                    |   |                              |                         |  |

**SECTION 4: STUDENT CODE OF CONDUCT**

- 1) Any student shall be guilty of misconduct if:-
  - a) In or outside the building of the college or on off the premises of the building, he or she conducts himself/herself in a manner which, in the opinion of the management, is or could be detrimental to the good name of the college or to the maintenance of order and discipline at the college.
  - b) He/she wilfully destroys damages, defaces, alienates, or appropriates to himself/herself any property of the college.
  - c) He /she infringes the by – laws, regulations or rules for the control of examinations and class tests.
  - d) He/she refuses to carry out any lawful order.
  - e) He/she infringes the rules and regulations of the college.
  - f) He/she infringes the college with false information or withholds any material information.
- 2) Any charge of misconduct shall in the first instance be laid before the college counsellor.
- 3) If the college counsellor is of the opinion that a charge of misconduct against is of a sufficiently serious nature, the counsellor may forbid the student to attend any lectures or participate in any student activities.
- 4) In addition to anything contained in these rules and regulations a student be guilty of a disciplinary offence is:
  - a) If he/she becomes a member of any student's organisation within or outside which is not approved by management.
  - b) If a student establishes any club, society, or association at the college without the prior approval of the college
  - c) If a student is under the influence of, in possession of, supplies alcohol or illegal drugs in the precincts of the college.
- 5) In the event of management finding a student guilty of breaking a rule or regulation, it may impose one or more of the following sentences:
  - a) a reprimand
  - b) a warning
  - c) a fine not exceeding R 2000,00
  - d) Exclusion from the college or such portion thereof as may be specified for a stated period.
  - e) Expulsion from the college

STUDENT SIGNATURE \_\_\_\_\_

REG. OFFICER Full Name: \_\_\_\_\_ 2

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**SECTION 5: FINANCE METHOD\* ( Mark with 'X' )**

|   |                          |                          |                          |                             |                          |                              |                          |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|
| REGISTRATION FEE<br><i>(Non-Refundable)</i> | <input type="checkbox"/> | STUDENT'S OWN<br>BURSARY | <input type="checkbox"/> | STUDENT LOAN<br>APPLICATION | <input type="checkbox"/> | INSTALMENT PLAN<br>AGREEMENT | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|

**SECTION 6: FINANCE / INSTALLMENT PLAN AGREEMENT\* ( To be filled out by Fee Payer / Guarantor )**

\*This agreement plan is to be read in conjunction with the signed Registration Form in accordance to the Rules and Regulation of the Institute. **To be attached to Registration Form and Statement of Fees & Instalment Schedule.**

**1. FEE PAYER's or Finance Guarantor's Details:**

|   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| FULL NAME OF PERSON RESPONSIBLE FOR FINANCE |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| I.D No. of Responsible Person:              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POSTAL ADDRESS:<br>(Billing Address)        |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | POSTAL CODE:         |                      |
| EMAIL ADDRESS:                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| CELL NUMBER:                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME NUMBER:                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FEE PAYER'S NEXT OF KIN FULL NAME:          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| NEXT OF KIN CONTACT NUMBER:                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**2. Instalment Details:**

|  |  |                 |
|--|--|-----------------|
| Date of Opening Balance:<br>20___/___/___    | Total Amount Due to PAX<br>Commercial College t/a PAX COLLEGE:   | R _____ , _____ |
| Date of Last Instalment:<br>20___/___/___    | I as the Responsible Person accept to pay my Instalment on the - (1 <sup>st</sup> )- <i>no other option permitted*</i> |                 |
| INSTALMENT DUE PER MONTH:<br>R _____ , _____ | CASH, Bank Cash Deposit or<br>EFT Paymentor STUDENT LOAN:  | _____           |

**3. Declaration:**

I Mr/Mrs/Miss/Ms \_\_\_\_\_ as the financially responsible person, accept to the above-mentioned Instalment Plan Agreement read in conjunction with the accepted Registration Form and Instalment plan schedule for the above-mentioned student at PAX COLLEGE for the study duration as indicated and accepted.

I therefore accept to the terms and conditions of the instalment amount and the instalment date signed above and ensure by good faith that the payment will be made regularly according to the date signed and agreed above.

Should I falter in this regard, I accept to the terms of a **5% additional interest charge per month** on the student account for all instalment payments paid later than 7days past the agreed instalment date.

Should the Student attend PAX College for a minimum of 30 academic Days, the student account will be billed for the Total amount of the Student Fees owed to the College in respect of the agreed registration period.

**4. Terms & Conditions**

Should the Applicant not adhere to the above-mentioned Instalment Plan Agreement, PAX COLLEGE reserves the right to take legal action through official Debt Collectors to retrieve all moneys owed.

**Signature of Responsible Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ REG. OFFICER Full Name: \_\_\_\_\_ 3

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**SECTION 7: RULES AND REGULATIONS PERTAINING TO FEES DUE ON STUDENT ACCOUNT**

- 1) The student accepts to make payment of all fees before the final examination date, failing which, will result in:
  - (a) Automatic De-Registration from the Academic Framework of the Institute and DHET Registrations
  - (b) Not permitted to sit in for any class, lesson, assignment, tests, mock exam, or final examination
  - (c) Liability for the total amount of fees payable and due on the student account
  - (d) A penalty of **+5% per month** will be added on any late or outstanding fees
- 2) If a student in receipt of a loan/ bursary awarded for the year of study by a sponsor, then he/she will be subject to Rule No 1. (a+b+c+d). The onus rests on the student to ensure that payments from sponsors are received promptly in accordance to the payment scheduled provided.
- 3) Any loan/ bursary awarded and received by the college shall first be applied to any monies outstanding for the full academic year prior to any further refund being considered to the Student. The Applicant further accepts liability that should the Student Loan/Bursary be declined after any documentation & payment is captured with the Deposit/Registration Fee paid. The full Deposit/Registration Fee is Non-Refundable and The De-Registration process will apply as per Section 7.5 below.
- 4) Refunds will only be considered upon receipt of an Official Withdrawal Letter to Management stating the reasons of De-Registration. De-Registration will only be accepted within the first 30days from the 1<sup>st</sup> day of the Academic Lecture Timetable, failing which, will result in full liability of all Fees owing on the student account including any Interest charges stipulated for the Academic Duration.
- 5) Fees shall be refunded to a student (via EFT Only) who withdraws from the college on the following basis only:

| <b>Annual Students De-Registration Process:</b><br><i>If Student/Parent/Guardian Submits Official Withdrawal-</i> | <b>Refunded Amount Accepted:</b><br><i>All Refunds will be done via EFT Payment ONLY</i>  |
|---|---|
| <b>1- Before the start</b> of the Academic Timetable  | Deposit is forfeited (ie: <b>Non-Refundable</b> ). Any extra fee other than the deposit paid will be refunded   |
| <b>2- Within 30days</b> from the start of the Academic Timetable  | Deposit is forfeited plus a cancellation fee is required of one month's instalment. Any extra fee paid beyond a deposit and one instalment will be refunded |
| <b>3- Past 30days</b>   | Total fee for the year will become due and payable  |
| <b>Semester Students De-Registration Process:</b>   | <b>Refunded Amount Accepted:</b>  |
| <b>1- Before the start</b> of the Academic Timetable  | Deposit is forfeited. Any extra fee other than the deposit paid will be refunded  |
| <b>2- Within 30days</b> from the start of the Academic Timetable  | Deposit is forfeited plus a cancellation fee is required of one month's instalment. Any extra fee paid beyond a deposit and one instalment will be refunded |
| <b>3- Past 30days</b>   | Total fee for the semester will be due and payable to the college – No Refund awarded whatsoever  |

**SECTION 8: DECLARATION OF STUDENT APPLICANT**

I, \_\_\_\_\_ **HEREBY AGREE TO BE JOINTLY AND SEVERALLY LIABLE FOR THE TOTAL FEE, I FURTHER AGREE THAT ANY FAILURE TO ATTEND LECTURES FOR WHAT SOEVER REASON WILL NOT REDUCE MY LIABILITY FOR THE FEES FOR THE FULL COURSE. I UNDERSTAND THAT THIS CONTRACT MAY NOT BE CANCELED. I AGREE THAT ANY INSTALMENTS DUE HEREUNDER REMAINS UNPAID FOR A PERIOD OF TWO MONTHS AFTER THE DUE DATE THEREOF, THE WHOLE BALANCE WILL BE DEEMED TO HAVE BECOME DUE AND PAYABLE, AND IF ATTORNEYS ARE INSTRUCTED TO RECOVER ANY AMOUNTS DUE, I WILL BE LIABLE FOR ALL COSTS ON AN ATTORNEYS /CLIENT BASIS AND COLLECTION CHARGES. I HEREBY CONFIRM THAT I HAVE READ THE CONTENTS OF THIS REGISTRATION FORM AND CLEARLY UNDERSTAND AND ACCEPT ITS STIPULATED TERMS AND CONDITIONS.**

SIGNATURE OF THE STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**COMPLETE IF STUDENT IS A MINOR:**  
ASSISTED BY THE PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF REG. OFFICER \_\_\_\_\_

SIGNATURE OF REG. OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ REG. OFFICER Full Name: \_\_\_\_\_ 4

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