

Student Registration Form

• STUDENT DETAILS

Surname: First Name:

Tel: Cellphone:

Email: Fax:

Physical Address:

Mailing Address:

Birth Date: Age:
(dd/mm/yyyy)

Gender: Male / Female

School: Grade:
(at time of application)

, PARENT / GUARDIAN DETAILS

Father's Name: Occupation:
..... Work (:

Mother's Name: Occupation:
..... Work (:

Mailing Address for Accounts:
.....
.....
.....

Email Address for Accounts:

f GENERAL COMMENTS

Please inform us of special requirements or other pertinent info.

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// COMPLETE & RETURN

Please complete and return this form to the College of Magic as soon as possible.

Standard Bank

Acc No: 071800638
Name: College of Magic
Branch code: 025409 (Constantia)

Mailing Address:

College of Magic
PO Box 2479
Clareinch
7740

Or Visit Us in Person:

Magical Arts Centre
215 Lansdowne Road
(cnr of Belvedere & Lansdowne)
Claremont, Cape Town

Fax: 021 683 1970

Email: events@collegeofmagic.com

.....
Parents Signature

.....
Date

COURSE INFO.

Primary School Students – Course One

- Ø **Commencing:** Saturday 7th February 2009
- Ø **Course Time:** Saturdays 9 am or 12 noon
- Ø **Duration:** 15 weeks (two school terms)
- Ø **Registration Fee:** R250
- Ø **Tuition Fee:** R1330 (or R280 x 5 months)



High School Students – Course Magic & Showmanship

- Ø **Commencing:** Saturday 7th February 2009
- Ø **Course Time:** Saturdays 12 noon
- Ø **Duration:** 30 weeks (four school terms)
- Ø **Registration Fee:** R250
- Ø **Tuition Fee:** R2822 (or R330 x 9 months)