# EXCELLENT ACADEMY OF SKILLS

**“Changing our community from inside out”**

**LEARNER CONTRACT AND DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **CANDIDATE FULL NAME:** |  | **CONTACT NUMBER** |  |
| **IDENTITY/PASSPORT:** |  | **SAQA LEVEL:** |  |
| **COURSE NAME:** |  | **CREDIT:** |  |
| **ATTENDANCE** |
| Student need to have at least 90% of class attendance in order to be qualified for the Exam. Any absence is to be mentioned one day before or justified with a valid proof. Any missed lesson during an unjustified absence will not be covered unless student pays minimum fees depending on number of hours needed. Student has the responsibility to be signing the attendance registers every day before or after class, failing to do so, will result on bad attendance record and can affect the results. |
| **ASSIGNMENTS** |
| To Ensure a Good Performance of Our Students, Our Philosophy Includes The home work which will be given to our students every day of class.Assignments are part of the marks which will be considered in order for the student to be qualified for the exam. Submission of the assignment is then compulsory to all our students. |
| **DECLARATION** | **AGREEMENT** |
| I hereby declare that I have been enrolled for …………………………………………………………………………………………………….at Excellent Academy of Skills. |  |
| I commit myself to attend all the Course sessions as facilitated by Excellent Academy of Skills. |  |
| I understand the content of the course , Duration, Hours per week and do all that is Expected of me. |  |
| I also commit myself to complete and submit the home work, assignments and Portfolio of evidence on the scheduleddates. |  |
| I will not hold Excellent Academy of Skills liable include my teacher if I do not successfully complete the course.  |  |
| I understand it is my responsibility to ask for assistance (questions) when I am unsure of anylesson. |  |
| I will be liable for any lost of school tools or any study material broken or damaged with wrong configuration out of class instructions. |  |
| I commit myself to spend the necessary time after hours (at home) to ensure that the entire lesson taught Have been properly reinforced. |  |
| I understand that any fees paid for the course is not reimbursable if I fail to start or complete the course for any reason and the school fees are paid up-front, Excellent academy has a right to engage a legal action against me if I fail to complete the school fees within the given time. |  |
| I understand that all my possession brought at school are under my full responsibility including my car parked in the parking or any other item and Excellent Academy is not liable in case of robbery or lose.  |  |
| I understand that the study manuals are ordered from the service provider and may follow after training has started.  |  |
| I understand that the certificate can only be issued to me once all the necessary class works has been completed and submitted as well after the moderation process has taken place. |  |
| **SIGNATURE** |  | **DATE** |  |

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***Registration Form***

|  |  |
| --- | --- |
| **COURSE:**  | **Registration date :** |
| **Province**:*Western Cape* | **Town**:*Cape Town* | **School**:*Excellent Academy of Skills* |
|  | **Area:**  | **Starting Date:** |

**A: PERSONAL INFORMATION / PERSOONLIKE INLIGTING**

 **(Please attach a certified copy of your ID / Heg ‘n gesertifiseerdeafskrif van u ID dokumentaan)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | First names: |  |
| ID Number: |  | Equity:(African/Coloured/Asian/Indian/White) |  |
| Title: |  | Male/Female: |  |
| Telephone (home): |  | Cell phone: |  |
| Alternative Number: |  |
| Fax nr.  |  | E-Mail: |  |
| Home Language: |  | Married/Single/Divorce: |  |
| Physical Address: |  | How did you hear about us? |
|  |

**B:QUALIFICATION OBAINED**

Please attach a separate page if needed:

|  |  |  |
| --- | --- | --- |
| **Qualification / Kwalifikasie****(yOUR PREVIOUS QUALIFICATIONS)** | **Institution / Instansie** | **Year OF ACHEIVEMENT** |
|  |  |  |
|  |  |  |
|  |  |  |

**C: SPECIAL NEEDS**

(Please also indicate any physical disability in this section if applicable)

|  |
| --- |
| Do you have one of the following: language barriers, hearing problems, sight problems, diabetes etc. any other disease or any physical disability which need our attention?If Yes, (Please describe) ………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………...No (Please sign): ………………………………………………………………………………………………………………... |
| I acknowledge that I understand the contents of this application and contract and I solemnly declare that the above particulars provided by me are true and correct. |
| **SIGNATURE:** |  | **PLACE:** |  | **DATE:** |  |