

Thank you for choosing Advanced Management Services as your preferred place of study. You will have a great time with us as you pursue your educational goals. Please observe the following rules and regulations:

1. STUDENTS ARE EXPECTED TO BE COURTEOUS AND POLITE TO THEIR FELLOW STUDENTS AND TEACHERS.
2. NO SMOKING IS ALLOWED.
3. NO ABUSIVE OR OBSCENE LANGUAGE IS ALLOWED.
4. NO LOUD TALKING OR BOISTEROUS BEHAVIOUR IS ALLOWED.
5. NO PLAYING OF ANY MUSIC WHATSOEVER IS ALLOWED.
6. IT IS A SERIOUS OFFENSE TO LITTER THE CLASSROOM.
7. STUDENTS ARE ALLOWED TO USE THE TELEPHONE FOR IMPORTANT AND URGENT CALLS ONLY. CALLS ARE LIMITED TO TWO MINUTES.
8. VISITORS ARE NOT ALLOWED TO ENTER THE CLASSROOMS BUT MUST WAIT IN THE RECEPTIONIST AREA.
9. COMPUTERS ARE SENSITIVE EQUIPMENT. THEREFORE ALL STUDENTS ARE EXPECTED TO EXERCISE EXTREME CARE WHEN HANDLING COMPUTER EQUIPMENT.
10. CELLULAR PHONES MUST BE TURNED OFF DURING CLASS.
11. STUDENTS MUST NOT EAT OR DRINK IN THE CLASSROOMS.
12. ALL STUDENTS MAY USE THE CLASSROOMS/COMPUTER LABS OUTSIDE OF THEIR SCHEDULE CLASS TIME. PLEASE CALL THE RECEPTIONIST TO ENSURE THAT THE CLASSROOM/COMPUTER LAB IS AVAILABLE.
13. ALL STUDENTS MAY USE THE INTERNET OUTSIDE OF THEIR SCHEDULE CLASS TIME

STUDENT INFORMATION

FULL NAME _____

ADDRESS _____

PHONE _____(H) _____(W) _____(C)

EMAIL _____

DATE OF BIRTH _____ AGE _____

SEX _____

ILLNESS OR ALLERGIES _____

LIST THE COURSE(S) YOU WISH TO STUDY:

COURSE	DAY	TIME

PAYMENT TERMS: INSTALMENTS CASH

Important - All cash payments must be completed within 2 months of start of course. Failure to do so will result in the instalment price being applied.

I AGREE TO PAY THE SUM OF \$ _____ FULL PAYMENT FOR THE COURSE(S) I HAVE SELECTED TO STUDY.

SIGNATURE _____ DATE _____

THIS APPLICATION FORM MUST BE RETURNED ALONG WITH A \$35.00 NON-REFUNDABLE REGISTRATION FEE.