

TERMS AND CONDITIONS

1. Students who miss any of their classes are still required to pay the full course fee. Any student who withdraws from the course after week four will still be required to pay the full course fee.
2. A partial refund is allowed for any student who has paid fees in advanced and who withdraws from the course before the end of week four.
3. Students who do not pay their fees on time will be charged a **\$25 monthly late payment fee**. Continual failure to pay fees will lead to expulsion from the course.
4. Students are not permitted to attend classes or take examinations if they owe fees.
5. Any student for whom an Internal examination is reschedule due to the late payment of fees, must pay fifty dollars (\$50) in order to take that examination.
6. The cost of the CXC examination is not included in the course fee. The student agrees to pay this examination fee.

I hereby agree to and will comply with the terms as stated above.

SIGNATURE DATE

ADVANCED MANAGEMENT SERVICES COMPUTER SCHOOL

REGISTRATION FORM STUDENT INFORMATION



YOUR FUTURE BEGINS WITH US

**2nd Floor Diamond Tower
Marhill Street, Bridgetown
Tel: (246) 430-0736
Fax: (246) 430-0394
Email: amservices@ymail.com
Visit us at www.amsschool.biz**

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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/OBSCENE/BOISTEROUS BEHAVIOUR IS ALLOWED.
4. NO LOUD TALKING/MUSIC IS ALLOWED.
5. IT IS A SERIOUS OFFENSE TO LITTER THE CLASSROOM.
6. VISITORS ARE NOT ALLOWED TO ENTER THE CLASSROOMS BUT MUST WAIT IN THE RECEPTIONIST AREA.
7. CELLULAR PHONES MUST BE TURNED OFF DURING CLASS.
8. STUDENTS MUST NOT EAT OR DRINK DURING CLASS TIME.
9. FEMALES ARE NOT PERMITTED TO WEAR SHORT OR REVEALING CLOTHING. MALES ARE NOT ALLOWED TO WEAR PANTS WITH THEIR UNDERWEAR SHOWING.

FULL NAME _____

ADDRESS _____

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

EMAIL _____

DATE OF BIRTH _____ AGE _____

GENDER _____

ILLNESS OR ALLERGIES _____

LIST THE COURSE(S) YOU WISH TO STUDY:

COURSE	DAY	TIME

Name of Parent/Guardian: (For students under the age of 18) OR Emergency contact (For applicants age 18 and over).

NAME _____

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

RELATIONSHIP TO APPLICANT _____

PAYMENT TERMS: INSTALMENTS ☐ CASH ☐

Important - Full payment must be completed by 20 December in order to get the cash price. Failure to do so will result in the installment price fully applied.

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

SIGNATURE _____ DATE _____

SUBMIT THIS FORM WITH A \$50.00 NON-REFUNDABLE REGISTRATION FEE.