

PLEASE PRINT CLEARLY SO WE CAN CAPTURE YOUR DETAILS ACCURATELY.

NAME OF SCHOOL: _____

CONTACT PERSON: _____

TEL: _____ FAX: _____ TEL (C): _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

CODE: _____ AREA: _____ PROVINCE: _____

REQUIRED DATE OF PROGRAMME: REQUIRED STARTING TIME: _____

ADDRESS WHERE STUDY SKILLS WILL TAKE PLACE: _____

CODE: _____ AREA: _____ PROVINCE: _____

PLEASE TICK GRADES WILL REQUIRE STUDY SKILLS (PLEASE ALSO SPECIFY NUMBER OF STUDENTS PER GRADE):

<input type="checkbox"/> Gr 4	<input type="checkbox"/> Gr 5	<input type="checkbox"/> Gr 6	<input type="checkbox"/> Gr 7	
<input type="checkbox"/> Gr 8	<input type="checkbox"/> Gr 9	<input type="checkbox"/> Gr 10	<input type="checkbox"/> Gr 11	<input type="checkbox"/> Gr 12

By signing below, I hereby state the the infomation supplied is accurate.

Signed: _____ Date: _____

Please return your form to michelle@tpeg.co.za or you can fax it to 086 696 7807 or 031 572 6081.