

Application for 2014

Please reserve a place for me at "I-LEAD" for the 1st term.

Child's Name: _____

Surname: _____

Child's Date of Birth: _____ Age: (at start of term) _____

Mom's Name: _____ cell _____

Email : _____

Days 5 3 2

PLEASE NOTE THAT THIS IS A TERM FEE DIVIDED IN 4 PAYMENTS

Cheques should be made payable to

 Four post dated cheques dated
 1st January ,1st February,1st March ,1st April

Days	Fees per month
5	
3	
2	

Please note: If you are going to do Internet Banking please specify on this form.
 Please ensure that payments are made on the 1st of each month and proof is handed in or sent by email: info@lwandiselo.org

Bank details:
 Standard Bank
 Acc number: 300 861 141
 Branch name: Fourways Crossing
 Branch code: 00.99.53
 Swift code: SBZA ZA JJ

(If possible please load payments for the term.)

Please ring payment method: CHEQUE / INTERNET

Signature: _____ Date: _____

Please return as soon as possible to secure place.