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.
- 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 |
|--------|-----|------|
|        |     |      |
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| PAYMENT TERMS: INSTALMENTS<br>Important - All cash payments must be completed<br>course. Failure to do so will result in the instalmen |                       |
|--|-----------------------|
| -  |                       |
| I AGREE TO PAY THE SUM OF \$_COURSE(S) I HAVE SELECTED TO STUDY.   | _FULL PAYMENT FOR THI |
| SIGNATURE  | <b>DATE</b>           |

THIS APPLICATION FORM MUST BE RETURNED ALONG WITH A \$40.00 NON-REFUNDABLE REGISTRATION FEE.