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kot Preference Only



SCHEDULE D REFUND POLICY

A formal notification of withdrawal from the STAMFORD In2 12 63439P-d7 ten ≥ 52.44 (473.15 Tmg



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PE Regulations 25(5)(a) PRIVATE EDUCATION ACT (No. 21 of 2009) ADMINISTRATION OF COURSES Acknowledgement of Course Commencement

On behalf of my child/dependent, I hereby acknowledge that if the confirmed date of enrolment commencement is after the course commencement date (Refer to Schedule A: Course Details, Item 4 Course Commencement Date), that the course applied will have com School.

SIGNED by the parent or legal guardian (if the student is under eighteen (18) years of age)

My marking of this tick box is intended to be equivalent to applying my personal written signature on this contract and may be relied upon by the School to the same extent. Further, by marking this tick box, I declare that all the information submitted by me in this contract is true and accurate and I hereby accept and agree to be bound by all the terms and conditions of this contract and the terms, conditions and policies of the School.

Date:		
	c. (
	X	