

GABORONE ACADEMY OF EDUCATION



KOPANYO HOUSE ANNEX,
Opposite Ministry of Agriculture
Post Box 601016, G. West, Gaborone.
Tel: 3167046/1, Fax 3167079, Email: gae@botsnet.bw
website: www.gaebots.co.bw

For Official Use Only

GAE Student Number

GAE Course Number

(PLEASE PRINT)

1. Course applied for: _____? Day/Evening Duration

2. Name: _____
(Surname) (Forename) (Middle or Maiden)

3. Date of Birth ___/___/___ Place of Birth _____

4. Marital Status: (put a tick) Single/Married/Widowed/Divorced

5. National ID / passport No: _____ Nationality: _____

6. Address (Home): (Physical) _____

Postal address: (if not the same) _____

Tel: _____ Cell: _____

7. Name and address of 1 person who knows you well:

Name: _____ Relationship: _____

Address (Home) _____ Tel: _____

Address (Bus) _____ Tel: _____

E-mail _____

8. EDUCATIONAL BACKGROUND (Beginning with the most recent)

Name of school/Institution	Qualification	Date completed

Perseverance
Commitment
Innovative

Excellence

Vision
Energy
Enthusiasm

Accomplishment

Integrity
Cheerfulness
Tolerance

Godliness

9. SOURCE OF FINANCE

(If employed write name & address of Employer)

Name/s of sponsor: _____

Relationship: _____

(If employed write Job title)

Address (Home): _____ Tel: _____

Address (Bus): _____ Tel: _____

10. TERMS & CONDITIONS

- i. The registration fee and first installment of the fees should be paid the time of enrolment.
- ii. In the event of withdrawal, the student will be bound to pay all the fees due up to the time of withdrawal. The withdrawal decision must be officially communicated otherwise all fees will be paid.
- iii. The institute reserves the right to cancel or postpone course up to one month from the original starting date if minimum numbers of students are not available to start a course.
- iv. No amount of fees already paid shall be refundable, unless the Institute decides to cancel the course.
- v. The total fee payable for the course applied is P..... (Pula/month.....)
N.B. The deadline of monthly installment fees is 5th of every month.
- vi. The Institute reserves the right to initiate legal action against any person who does not pay his/her course fees.
- vii. I acknowledge and accept that when I come to study at GAE on full time basis, I will undertake the course for integration of GAE values in my studies including Bible knowledge and will sit for exams.

11. Parent/Sponsor

I/We _____ undertake to pay in full the total

Course fees: P _____ for: _____
(Name of Student)

Signed: _____ Date: _____

12. Declaration by Student:

I _____ declare that the information supplied above is true and accurate and that I have read and I understood the terms and conditions above and I undertake to pay the full amount of the

course fees without fail. I also undertake to abide by rules and regulations of the college.

Signed: _____ Witness: _____

Witness: _____
(Principal)