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Cape Town Fax: 021 – 423 8137

8001 Email: info@villamariact.co.za
(NPO NO. 036-765-NPO, PBO NO. 930004217, VAT NO. 483
011 07 32)

ACCEPTANCE FORM
NAME OF APPLICANT

.....
NAME OF PARENT/GUARDIAN

.....
Please reserve accommodation at Villa Maria Student Residence for the above applicant for the year 2021. I attach proof of payment for the 10% non-refundable deposit which will be deducted for the last payment due by me.

I agree to abide by the rules set out in the Villa Maria Terms and Conditions already signed and expressly agree to the following terms:

1. We are accepted for a minimum of 10 Months residence and should I leave during the period my parents will be liable for the full year's fees.
2. I understand and accept that friends (both male and female) are not permitted to overnight in my room. Should I breach this rule I agree and accept that my residence will be terminated with immediate effect and I agree to vacate my room within 7 days of the date of breach. Should I again breach this rule within the aforementioned 7-day period, I agree to vacate my room immediately.

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Signatures of Applicant Date

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Signatures of both Parents/Guardians Date