

+ 27 (0)76 185 8168

hiranyamandalaschool@gmail.com

www.hiranyamandala.com

find us on    



HIRANYA MANḌALA
SCHOOL OF YOGA INTEGRATION AND MEDITATION

**NEW ANNUAL STUDENT
REGISTRATION FORM**
School Year: 2025

FOR OFFICE USE ONLY

Year: _____

ADMISSIONS:
Date Received _____

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
DATE OF BIRTH (DD/MM/YYYY)*:		GENDER*: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SA IDENTITY NO.:	
STREET ADDRESS:		CITY:		PHONE NO.:	
COURSE ENROLLING FOR:		PROVINCE:		POSTAL CODE:	
				EMAIL ADDRESS:	
				<input type="checkbox"/> Email opt-in** <input type="checkbox"/> Text message opt-in**	
PARENT OR GUARDIAN INFORMATION (IF A MINOR)					
PARENT/GUARDIAN:		RELATIONSHIP:		OTHER PARENT/GUARDIAN:	
STREET ADDRESS:		RELATIONSHIP:		STREET ADDRESS:	
CITY:		PROVINCE:		POSTAL CODE:	
CITY:		PROVINCE:		POSTAL CODE:	
EMAIL ADDRESS:		<input type="checkbox"/> Email opt-in** <input type="checkbox"/> Text message opt-in**		EMAIL ADDRESS:	
				<input type="checkbox"/> Email opt-in** <input type="checkbox"/> Text message opt-in**	
HOME PHONE:		CELL PHONE:		WORK PHONE:	
HOME PHONE:		CELL PHONE:		WORK PHONE:	

CONSENT INFORMATION

REQUIRED SIGNATURES*

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE (IF A MINOR): _____ DATE: _____

HIRANYA MANḌALA FOUNDER SIGNATURE: _____ DATE: _____

PAYMENT INFORMATION

Once enrolled, the student is financially obligated, unless they submit a drop form, available through the **Hiranya Mandala School of Yoga Integration and Meditation**, prior to the refund deadline. The refund deadline constitutes a 1 week period (7 consecutive business days) from the start of the course. Should the student quit the course prematurely, he/she should notify the school in writing. In addition, and considering the payment method, he/she will forfeit all fees paid up to that point, in respect of services rendered. If a large sum is paid upfront, for example, a percentage thereof may be refunded at the founder's discretion. The student will also return the Hiranya Mandala School of Yoga Integration and Meditation's intellectual property, in good order.

Banking details:

Bank: ABSA Beneficiary: Georgios Demetriades
Branch Code: 632005 (proof of payment to be emailed)
Account No.: 9248830234 Reference: name + course name

*Terms and conditions: This information which is marked with an asterisk is collected solely for statistical purposes, and is kept confidential. All qualified applicants will receive consideration without regard to age, ancestry, race, colour, gender, religion, national origin, disability, parental status, or sexual orientation. The Hiranya Mandala School of Yoga Integration and Meditation is an equal opportunity organisation. **By checking the boxes, the student gives the Hiranya Mandala School of Yoga Integration and Meditation the right to communicate with him/her, until such time as he/she responds with the phrase 'opt-out'. By signing this document, the student acknowledges his/her agreement along with any consents or opt-ins provided in this form, with the Hiranya Mandala School of Yoga Integration and Meditation, and that the above-mentioned information is correct.