



**NEW ANNUAL STUDENT
 REGISTRATION FORM**
 (School Year: 2023 - 2024)

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		COUNTRY OF BIRTH (IF NOT SA):	
STREET ADDRESS:		CITY:		PROVINCE:	
COURSE ENROLLING FOR:		POSTAL CODE:		PHONE NO.:	
				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:		STREET ADDRESS:		RELATIONSHIP:	
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 days) from the start of the course, entitling one to a full refund of the full amount, failing which, the aforementioned student will be liable for up to half of the amount.

Banking details: Bank: ABSA, branch code: 632005, account no.: 9248830234, reference: name + course name, beneficiary: Georgios Demetriades (proof of payment to be emailed)