

ACORN PROFESSIONAL TUTORS

REGISTRATION FORM – REVISION CLASSES

ACCA AND FIA/CAT

Suite 3, #3 Beechwood Avenue, Kgn 5, Jamaica

Tel: 929-2779/383-7392

Name: _____
(First name) (Middle/initials) (Last/maiden)

Address: _____

Telephone # (H): _____ **(W):** _____ **(C):** _____

EMAIL: _____ **ACCA REG#:** _____

Indicate your choice by placing a tick beside the relevant course(s):

ACCA

FAB [] CBL [] FR [] SBL [] AFM [] ATX []
MA [] PM [] AA [] SBR [] APM []
FA [] TX [] FM [] AAA []

FIA/CAT

FA1 [] MA2 [] FMA [] Evening []
FA2 [] FAB [] Sunday []
MA1 [] FFA [] Special []

PLEASE NOTE:

PAYMENT FOR ALL REVISION CLASSES MUST BE COMPLETED BEFORE THE BEGINNING OF EACH CLASS. STUDENTS MUST ASSUME RESPONSIBILITY TO ATTEND CLASSES AS WE WILL NOT ACCOMMODATE REQUESTS FOR REFUND DUE TO NON ATTENDANCE.

I WILL MAKE PAYMENT ON THE DUE DATES.

I AGREE TO THE TERMS AND CONDITIONS AS OUTLINED ABOVE:

Student's Signature: _____ Date: _____

Office Use Only

Total Fee: \$ _____ Course Date: _____

RECEIPT#	DATE	AMOUNT PAID	BALANCE