

SEKHUKHUNE TVET COLLEGE

2020 ENROLMENT FORM - REPORT 191 – DISTANCE

TIME PERIOD: _____

CAMPUS NAME				FIRST TIME ENTERING			RETURNING STUDENT			STUDENT NO.			
TITLE		INITIALS		SURNAME									
FIRST NAMES													
ID NUMBER												AGE	
GENDER		M		F			EDUCATIONAL SPECIAL NEEDS			Y		N	
SPECIFY DISABILITY													
CHRONIC ILLNESS: e.g. allergy, epilepsy, asthma, diabetic, etc.													
STUDENT CELL													
LANGUAGE		ENGLISH		SEPEDI				OTHER (Specify)					
RACE		BLACK		COLOURED				OTHER (Specify)					
NATIONALITY		SA			OTHER (Specify)								
NAME OF LAST INSTITUTION/SCHOOL ATTENDED													
		YEAR PASSED						GRADE PASSED					
PARENT/GUARDIAN		SURNAME								INITIALS			
PHYSICAL ADDRESS						TOWNSHIP							
POSTAL ADDRESS						TOWNSHIP							
		PROVINCE						POSTAL CODE					
PARENT	ID No.												
PARENT	CELL												
COURSE												N	
SUBJECTS										GRADE		AMOUNT	
TOTAL AMOUNT DUE:													
NB! FULL AMOUNT IS PAYABLE UPON REGISTRATION													

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NAME: LECTURER

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SIGNATURE

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NAME: DATA CAPTURER

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DATE