SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM – EXAM ONLY

STUDENT NUMBER	

TITLE	SURNAME OF STUDENT															
FIRST NAMES																
ID NUMBER																
GENDER	M		F									DISABLED	Y		N	
	(Specify disability)															
STUDENT CELL																
LANGUAGE	ENGLISH				SEPEDI		OTHER (Specify)									
RACE	BLACK				COLOURED			OTHER (Specify)								
NATIONALITY	SA		OTHER (Specify)													
PARENT/GUARDIAN																
POSTAL ADDRESS																
	PROVINCE										Postal Code					
TEL No HOME																
PARENT CELL																
COURSE														GRADE:		

SUBJECTS	AMOUNT
TOTAL	

…… NAME: LECTURER

…….. SIGNATURE

……. NAME: DATA CAPTURER

…… DATE

……..... STUDENT SIGNATURE

…… DATE