SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM - NATED

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	**ELECTRICAL ENGINEERING**																		**GRADE: N4**		

SUBJECTS	**AMOUNT**
MATHEMATICS	
INDUSTRIAL ELECTRONICS	
ELECTROTECHNICS	
ENGINEERING SCIENCE	
First payable amount upon registration: R1000	
TOTAL	

…… …….. ……..
NAME: LECTURER **SIGNATURE** **NAME: DATA CAPTURER**

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DATE