

SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE**ENROLMENT FORM - NATED**

STUDENT NUMBER	
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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	MARKETING MANAGEMENT										GRADE: N4				
SUBJECTS												AMOUNT			
MANAGEMENT COMMUNICATION															
ENTREPRENEURSHIP															
COMPUTER PRACTICE															
MARKETING MANAGEMENT															
First payable amount upon registration: R1000															
												TOTAL			

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NAME: LECTURER

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SIGNATURE

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NAME: DATA CAPTURER

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DATE