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	**TRAVEL & TOURISM MANAGEMENT**																**GRADE: N4**		

SUBJECTS	**AMOUNT**
TOURISM COMMUNICATION	
TRAVEL SERVICES	
TOURIST DESTINATION	
TRAVEL OFFICE PROCEDURES	
First payable amount upon registration: R1000	
TOTAL	

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NAME: LECTURER **SIGNATURE** **NAME: DATA CAPTURER**

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DATE