

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: N5					
SUBJECTS																	AMOUNT	
MARKETING MANAGEMENT																		
PUBLIC RELATIONS																		
COMPUTER PRACTICE																		
SALES 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