

## 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: N5				
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.....  
DATE