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: N6**		

SUBJECTS	**AMOUNT**
MATHEMATICS	
INDUSTRIAL ELECTRONICS	
ELECTROTECHNICS	
POWER MACHINES	
First payable amount upon registration: R1000	
TOTAL	

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

……
DATE