

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	FINANCIAL MANAGEMENT											GRADE: N6			
SUBJECTS												AMOUNT			
COST AND MANAGEMENT ACCOUNTING															
COMPUTERIZED FINANCIAL SYSTEMS															
ENTREPRENEURSHIP															
FINANCIAL ACCOUNTING															
First payable amount upon registration: R1000															
TOTAL															

NAME: LECTURER	SIGNATURE	NAME: DATA CAPTURER
DATE		