

## 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: N6							
SUBJECTS														AMOUNT					
HOTEL RECEPTION																			
TRAVEL SERVICES																			
TOURIST DESTINATION																			
TRAVEL OFFICE PROCEDURES																			
First payable amount upon registration: R1000																			
TOTAL																			

.....  
 NAME: LECTURER

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 SIGNATURE

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 NAME: DATA CAPTURER

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 DATE