

**SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE**

**ENROLMENT FORM – NCV**

<b>STUDENT NUMBER</b>	
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<b>TITLE</b>		<b>SURNAME OF STUDENT</b>																		
<b>FIRST NAMES</b>																				
<b>ID NUMBER</b>																				
<b>GENDER</b>		M		F		<b>DISABLED</b>										Y		N		
		(Specify disability)																		
<b>STUDENT CELL</b>																				
<b>LANGUAGE</b>		ENGLISH			SEPEDI			OTHER (Specify)												
<b>RACE</b>		BLACK			COLOURED			OTHER (Specify)												
<b>NATIONALITY</b>		SA		OTHER (Specify)																
<b>PARENT/GUARDIAN</b>																				
<b>POSTAL ADDRESS</b>																				
		PROVINCE										Postal Code								
<b>TEL No</b>	<b>HOME</b>																			
<b>PARENT</b>	<b>CELL</b>																			
<b>COURSE:</b>		<b>MANAGEMENT</b>														<b>LEVEL: 4</b>				
<b>SUBJECTS</b>																				
<b>ENGLISH</b>																				
<b>MATHEMATICAL LITERACY</b>																				
<b>LIFE ORIENTATION</b>																				
<b>MANAGEMENT PRACTICE</b>																				
<b>OPERATIONS MANAGEMENT</b>																				
<b>FINANCIAL MANAGEMENT</b>																				
<b>PROJECT MANAGEMENT</b>																				
<b>First payable amount upon registration: R1000</b>																				
																<b>TOTAL</b>				

NAME: LECTURER	SIGNATURE	NAME: DATA CAPTURER
DATE		