

SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM – NCV

STUDENT NUMBER	
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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:		OFFICE ADMINISTRATION														LEVEL: 2						
SUBJECTS																		AMOUNT				
ENGLISH																						
MATHEMATICAL LITERACY																						
LIFE ORIENTATION																						
BUSINESS PRACTICE																						
OFFICE PRACTICE																						
OFFICE DATA PROCESSING																						
NEW VENTURE CREATION																						
First payable amount upon registration: R1000																						
																TOTAL						

..... NAME: LECTURER SIGNATURE NAME: DATA CAPTURER

..... DATE