

SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM – NCV

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:		OFFICE ADMINISTRATION										LEVEL: 3			
SUBJECTS												AMOUNT			
ENGLISH															
MATHEMATICAL LITERACY															
LIFE ORIENTATION															
BUSINESS PRACTICE															
OFFICE PRACTICE															
OFFICE DATA PROCESSING															
NEW VENTURE CREATION															
First payable amount upon registration: R1000															
												TOTAL			

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NAME: LECTURER

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SIGNATURE

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NAME: DATA CAPTURER

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DATE