

**SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE**

**ENROLMENT FORM – NCV**

<b>STUDENT NUMBER</b>	
-----------------------	--

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

.....

**NAME: LECTURER**

**SIGNATURE**

**NAME: DATA CAPTURER**

.....

**DATE**