SHAKALAND TECHNICAL COLLEGE

NATED ENROLMENT FORM BUSINESS STUDIES

EXAM ONLY

STUDENT NUMBER	

TITLE	

SURNAME														
FIRST NAME/S														
ID NUMBER														
GENDER	M		F		DISABLED		Y		N					
	(Specify disability)													
STUDENT CELL														
LANGUAGE														
RACE	BLACK		INDIAN		WHITE		COLOURED							
NATIONALITY	SA		OTHER (SPECIFY)											
MEDICAL HISTORY														
PARENT/GUARDIAN														
POSTAL ADDRESS														
RESIDENTIAL ADDRESS														
	PROVINCE		POSTAL CODE											
TEL. No HOME														
PARENT CELL														
COURSE		LEVEL	N4	N5	N6									

SUBJECTS	TICK		AMOUNT
		TOTAL	
REGISTRATION FEES			
DEPOSIT			
BALANCE			

______________________________ ______________________________ ______________________________

ENROLMENT OFFICER SIGNATURE DATE