SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED BUSINESS STUDIES

DISTANCE /PART TIME

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			

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ENROLMENT OFFICER SIGNATURE DATE