



SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED EDUCARE

EDUCARE N4 – N6 FULL TIME

STUDENT NUMBER	
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TITLE	
SURNAME	
FIRST NAME/S	
ID NUMBER	
GENDER	M <input type="checkbox"/> F <input type="checkbox"/> DISABLED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	(Specify disability)
STUDENT CELL	
LANGUAGE	
RACE	BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> COLOURED <input type="checkbox"/>
NATIONALITY	SA <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>
MEDICAL HISTORY	
PARENT/GUARDIAN	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	PROVINCE <input type="checkbox"/> POSTAL CODE <input type="checkbox"/>
TEL. No	HOME <input type="checkbox"/> CELL <input type="checkbox"/>
COURSE	EDUCARE LEVEL N4 <input type="checkbox"/> N5 <input type="checkbox"/> N6 <input type="checkbox"/>
SUBJECTS	TICK <input type="checkbox"/> AMOUNT
DAYCARE PERSONNEL DEVELOPMENT	
EDUCARE DIDACTICS THEORY AND PRACTICAL EDUCATION	
CHILD HEALTH	
DAYCARE COMMUNICATION	
EDUCATIONAL PSYCHOLOGY	
ENTREPRENEURSHIP AND BUSINESS MANAGEMENT	
	TOTAL
REGISTRATION FEES	
DEPOSIT	
BALANCE	

ENROLMENT OFFICER

SIGNATURE

DATE