SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED ENGINEERING 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 PARENT	HOME													
	CELL													
COURSE		LEVEL	N4	N5	N6									

SUBJECTS	TICK		AMOUNT
		TOTAL	
REGISTRATION FEES			
DEPOSIT			
BALANCE			

____________________ ENROLMENT OFFICER

____________________ SIGNATURE

____________________ DATE