



SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED BUSINESS STUDIES

PUBLIC MANAGEMENT N4 – N6 FULL TIME

STUDENT NUMBER	
----------------	--

TITLE	
SURNAME	
FIRST NAME/S	
ID NUMBER	
GENDER	M <input type="checkbox"/> F <input type="checkbox"/> DISABLED 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)
MEDICAL HISTORY	
PARENT/GUARDIAN	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
	PROVINCE <input type="checkbox"/> POSTAL CODE <input type="checkbox"/>
TEL. No	HOME <input type="checkbox"/>
PARENT	CELL <input type="checkbox"/>
COURSE	BUSINESS MANAGEMENT LEVEL N4 <input type="checkbox"/> N5 <input type="checkbox"/> N6 <input type="checkbox"/>
SUBJECTS	TICK <input type="checkbox"/> AMOUNT
ENTREPRENEURSHIP AND BUSINESS MANAGEMENT	
INTRODUCTORY ACCOUNTING	
COMPUTER PRACTICE	
MANAGEMENT COMMUNICATION	
SALES MANAGEMENT	
LABOUR RELATIONS	
PERSONNEL MANAGEMENT	
	TOTAL
REGISTRATION FEES	
DEPOSIT	
BALANCE	

ENROLMENT OFFICER

SIGNATURE

DATE