**REGISTRATION FORM**

**STUDENT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**OFFICE ONLY)

**APPLICANT’S DETAILS:**

|  |  |
| --- | --- |
| **Title:** | **Mr./Ms./Mrs./Dr./Prof./Rev./Ps.** |
| **Surname:** |  |
| **First Name/s:** |  |
| **Date of Birth:** |  |
| **ID Number:** |  |
| **Gender:** |  |
| **Race:** |  |
| **Organisation:** |  |
| **Occupation:** |  |
| **Highest Qualification Obtained** |  |

|  |  |
| --- | --- |
| **Residential Address:** |  |
|  |
|  |
|  |
| **Postal Code:** |  |
| **Work No:** |  |
| **Cell No:** |  |
| **Marital Status:** |  |
| **Email Address:** |  |
| **Dependants and family:** |  |

**SPONSOR’S DETAILS:**

|  |  |
| --- | --- |
| **Name of Sponsor:** |  |
| **Tel. No:** |  |
| **Cell No:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Postal Address:** |  |
|  |
|  |
| **Postal Code:** |  |

**COURSE DETAILS:**

|  |  |
| --- | --- |
| **Course Selected:** |  |
| **Start Date:** |  |
| **Course Fee:** | (OFFICE USE ONLY) |
| **Registration Fee:** | (OFFICE USE ONLY) |

**STUDENT DECLARATION (IF UNDER 18, FORM TO BE COMPLETED BY PARENT/GUARDIAN)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name) declare that the information is true and accurate; I understand and accept the deposit paid is non-refundable.

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMIN OFFICER’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_