



ENROLMENT FORM

Student Number																			
Surname					Initials					Title		Mr	Mrs	Ms	Miss				
Name								Gender		Male		Female							
Marital status		Single		Married		Divorced		Separated				Widowed							
ID/Passport												Citizenship							
Employment		Employed			Unemployed			Volunteer											
Ethnic group		Black		Coloured		White		Indian		Other									
Mother tongue		Afrikaans		English		Ndebele		Xhosa		Zulu		Pedi							
		Tsonga		Tswana		Sotho		Venda		Swati		Other							

Tel (H)				Cell						
Tel (w)				Fax						
Email										
Next of Kin		Surname			Name					
Tel (H)										
Tel (W)										
Email										

Physical address				Postal address			
Code				Code			

Disability	None	Hearing	Physical	Sight	Speech	Other	
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Previous academic record							
Work experience							
Computer Literacy		Illiterate		Fairly literate		Highly literate	

