Student Registration - 2017

Date of registration: _____

First Name: _____

Middle Name (s): _____

Surname: _____ **(as per passport)**

Passport Number: _____ **Copy attached:** **Yes ___ No ___**

Nationality: _____

Date of Birth: _____

Country of Birth: _____

Gender: **Male ___ Female ___** **Title:** _____

Mother tongue: _____

Current Address: _____
(Presently living)

_____

Mobile Number: Please print clearly

E-mail Address: Please print clearly

Contact person in country of origin

Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Mobile Number: Please print clearly

E-mail Address: Please print clearly

Student's Signature: _____

Contact person in South Africa

Name: _____

Address: _____

City: _____

State/Province: _____

Mobile Number: Please print clearly

E-mail Address: Please print clearly

Administrator's Signature: _____