

Student Permit Expire | C | C

## ORBIT FET COLLEGE APPLICATION FORM CORPORATE COMMUNICATIONS

| TERM        | 9 |
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| STUDENT NO  |   |
| CONTROL NO: |   |

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| SECTION A:                                 | GENERA    | L INFOR   | MATIO  | N (as p  | er ID Boo | ok)      |          |         |             |      |           |               |
| ID Number                                  |           |           |        |          |           |          |          | Da      | te of Birth | CC   | YYM       | M D D         |
| Title Mr                                   |           | Ms        | O      | ther     |           | Specify: |          |         | Initials    |      |           |               |
| Surname                                    |           |           |        |          |           |          |          |         |             |      |           |               |
| Full Names:                                | First     |           |        |          |           |          |          |         |             |      |           |               |
|  | Second    |           |        |          |           |          |          |         |             |      |           |               |
|  | Third     |           |        |          |           |          |          |         |             |      |           |               |
|  | Fourth    |           |        |          |           |          |          |         |             |      |           |               |
| OTHER GEN                                  | ERAL IN   | FORMAT    | ION    |          |           |          |          |         |             |      |           |               |
| Type of Stude                              | ent Priv  | ate       | E      | mploye   | d         | Burs     | sary     | Sta     | aff         | Trus | t         |               |
| Tel  |           |           |        |          |           | Day      | Tel      |         |             |      |           |               |
| Cell                                       |           |           |        |          |           | ]        |          |         |             |      |           |               |
| SECTION B:                                 | INFORM    | ATION OI  | F PERS | ON(S)    | RESPON    | SIBLE FO | OR PAYN  | ENT OF  | ACCOUNT     |      |           |               |
| (PARENT/GU                                 | JARDIAN   | /EMPLOY   | ER/ST  | UDENT    | /INSTIUT  | ION)     |          |         |             |      |           |               |
| Guardian                                   |           |           |        |          |           |          | Relation | ship    |             |      |           |               |
| Postal Addres                              | SS        |           |        |          |           |          |          |         | Father      |      | M         | <b>Nother</b> |
|  |           |           |        |          |           |          | Surname  | e       |             |      |           |               |
|  |           |           |        |          |           |          | ID Numb  | per     |             |      |           |               |
| Postal Code Cell                           |           |           |        |          |           |          |          |         |             |      |           |               |
|  |           |           |        |          |           |          | Employe  | er      |             |      |           |               |
| SECTION C:                                 | SAPCE I   | NFORMA    | TION   |          |           |          |          |         |             |      |           |               |
| Home Langu                                 | age       | IsiXhosa  |        | <u> </u> | SeSotho   |          | D        | Siswati |             | G [  | English   | J             |
|  |           | IsiZulu   | E      | 3        | XiTsonga  | 3        | Ε        | IsiNdeb | ele l       | H [  | Afrikaans | K             |
|  |           | Sepedi    |        |          | TshiVend  | da       | F        | SeTswa  | ina         |      | Other     | L             |
| Gender                                     | Male      | Fen       | nale   |          |           |          | Rad      | ce      | Asian       | A    | African   | ı В           |
| Trade                                      | Heavy C   | urrent    | ·      | 1        | Motor Tr  | ade      | 4        |         | Coloured    | С    | Indian    |               |
|  | Mechani   | cal       |        | 2        | Civil     |          | 6        |         | White       | W    |           |               |
|  | Light Cu  | rrent     | ] ;    | 3        | Other     |          | 9        |         |             |      |           |               |
| E-Mail                                     |           |           |        |          |           |          |          |         |             |      |           |               |
| INTERNATIO                                 | NAL STU   | JDENTS    |        |          |           |          |          |         |             |      |           |               |

Passport Number

## **SECTION D: FETPAC INFORMATION** Nationality Asian 120 European 125 Namibia 130 Swaziland Angola 121 Lesotho 126 North America 131 Tanzania 132 122 Malawi 127 Other African Zambia Australasia Zimbabwe Botswana 123 Mauritius 128 South African 133 Congo 124 Mozambique 129 South America 134 South African Citizen Status 150 Permanent Resident 151 Previous Year Activity At this FET 200 Technical College 204 Foreign Education University 201 Second School 205 Other FET Technikon 202 Working 206 Other Activity Higher Education 203 Unemployed 207 Secondary Education No Matric Disability Yes No No Info Matric Avge **SECTION E: STUDENT ADDRESS** Physical Address Postal Code SECTION F: PAYMENT PLAN CONTRACT (This section is for Office Use Only - terms and conditions apply) Start Date Contract Total $\overline{\mathsf{R}}$ **End Date** Deposit Instalment 1 R Instalment 2 R Instalment 3 **SECTION F: HEALTH** No Allergies Yes Epilepsy Yes No Medical Aid No Yes No Asthma Yes Psychiatric Medical Aid No Blood Disorder Yes No Chronic Medication Yes No Doctor Cardiac Condition Yes No Other: Specify Doctor Tel Diabetes Yes No Ambulance SECTION G: AGREEMENT BETWEEN CAMPUS AND APPLICANT Initials and Surname of Student (or Parent if student is a minor) I, the undersigned, declare my commitment to the ORBIT FET College Student Code of Conduct. I undertake to fulfill all my financial obligations as stipulated in the Student Financial Agreement form towards the College in respect of any fees payable for the 2. full period of study for which I have enrolled, on the specified dates as per agreement. I understand that certificates or diplomas may be withheld should any fees be outstanding. I undertake to use all the facilities of the College with care and at my own risk. If I make use of any transport arrangements of the College and take part in activities and excursions arranged by the College or the Student Representative Council, I do so at my own risk.

5. I indemnify the College Council and/or any employee of the College of any liability regarding myself, my family or property in case of damage, theft, injury or death or for any other reason whatsoever.

| Signature: Student       | Signature: Parent/Guardian          | Date |
|--------------------------|-------------------------------------|------|
| Signature: Lecturer      | Lecturer: Initials and Surname      | Date |
| Signature: Data Capturer | Data Capturer: Initials and Surname | Date |