

SECTION D: FETPAC INFORMATION

Nationality	Asian		120	European		125	Namibia		130	Swaziland		
	Angola		121	Lesotho		126	North America		131	Tanzania		
	Australasia		122	Malawi		127	Other African		132	Zambia		
	Botswana		123	Mauritius		128	South African		133	Zimbabwe		
	Congo		124	Mozambique		129	South America		134			

Citizen Status	South African		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	C	C	Y	Y	M	M	D	D	Contract Total	R	
End Date	C	C	Y	Y	M	M	D	D	Deposit	R	
Instalment 1	R								Instalment 2	R	
									Instalment 3	R	

SECTION F: HEALTH

Allergies		Yes		No	Epilepsy		Yes		No	Medical Aid		
Asthma		Yes		No	Psychiatric		Yes		No	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 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.
- 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