



**CONQUER THROUGH TECHNOLOGY**

**KSD FET COLLEGE APPLICATION FORM : 2014  
PART TIME STUDENTS ONLY**

MTHATHA CAMPUS	
ENGCOBO CAMPUS	
MNGAZI CAMPUS	
MAPUZI CAMPUS	
NTABOZUKO CAMPUS	
LIBODECAMPUS	
ZIMBANE CAMPUS	

Please complete the entire form in print & black ink.  
Mark with an X where applicable.

NC(V)	OA		TOUR		CIVIL		ERD	
	FEA		HOSP		EIC		MARK	
	MAN		IT		SAFETY		EDU	

Report 191	CIVIL		PR		MM		HR	
	MECH		BM		ELEC		PM	
	PLUM		EDUCARE					

Date: \_\_\_\_\_

Handed out by: WEBSITE VERSION

Signature: WEBSITE VERSION

**SECTION A: PERSONAL INFORMATION (as per ID Book)**

<b>Previous Student No</b>																						
ID Number												Date of Birth	Y	Y	M	M	D	D				
Title	Mr		Ms		Mrs		Other	Specify				Initials										
Surname																						
Full Names																						
Home Tel												Work Tel										
Cell																						
E-mail addr																						

**SECTION B: INFORMATION OF PERSON(S) RESPONSIBLE FOR PAYMENT OF ACCOUNT  
(PARENT/GUARDIAN/EMPLOYER/STUDENT/INSTIUTION)**

Guardian												Relationship										
Postal Address																						
Postal Code												Home Tel										
Occupation																						
Work Tel																						
Cell																						

Please Attach ID Copy (Parent/Guardian)

**SECTION C: STUDENT ADDRESS**

Residential Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postal Code	<input type="text"/>
Province	<input type="text"/>

Postal Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postal Code	<input type="text"/>

**SECTION D: DISABILITIES/SPECIAL NEEDS**

Mark with an X where applicable.

Blindness	<input type="checkbox"/>
Deafness	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Specific Learning Disability	<input type="checkbox"/>
Psychiatric Disorder	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>

Low Vision	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Physical Challenged	<input type="checkbox"/>
Intellectually Disabled	<input type="checkbox"/>
Other Specify	<input type="text"/>

Allergies/ Health Problems	<input type="text"/>		
Contact Person	<input type="text"/>	Contact No	<input type="text"/>
Dr Name	<input type="text"/>	Dr Tel	<input type="text"/>

**SECTION E: CONDITIONS**

- A student may not damage or interfere with the property of the College and others including students, staff and members of the public on the College premises; In that case the student will be held liable for any damage.
- A student is responsible for the care and safe keeping of all the resources (books, tools, and learning material) and equipments that are issued to him/her for his/her training.
- No firearms, traditional weapons of any kind allowed on the College premises.
- A student's general behavior should at all times not discredit the College reputation.
- The College has a right to, at any time, without warning; order a search for illegal substances by the staff, security, police or a relevant section at the South African Police Services.
- A student to inform the Campus Management/ registration unit in writing of any change in residential or postal addresses.
- A student will always readily and willingly without hesitation produce his/her student card on request.
- Students will obey all reasonable instructions given to him/her by any member of the academic or administrative staff of the College.
- All cellular phones must be switched off during lecturers.
- The College is not responsible for any stolen goods.
- Smoking is prohibited inside and at the entrances of the College buildings, where a distance of at least 10m from the entrance must be maintained.
- Right of Admission to the College is Reserved.

Signature: \_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

**SECTION F: DECLARATIONS**

I HEREBY DECLARE:

- That the particulars furnished by me above in this application form are true and correct;
- That I undertake as registered student of the College to abide by all the rules and regulations of the KSD FET College, including any amendments thereto and any substitutions thereof; that I undertake to pay all class and other fees punctually.
- That 80% class attendance in all subjects is required at KSD FET College for admission to exams and a term mark of 40% for Report 191 subject & for NCV subjects as per DoE Policies;
- That I undertake to let the College know of any changes to the information above, within 14 days after registration;
- That it is my responsibility to confirm exam dates;
- That it is my responsibility to make inquiries about my results (when it is available);

Signature: \_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

Signature: \_\_\_\_\_  
**Parent/ Guardian**

\_\_\_\_\_  
**Date**

**LECTURER USE ONLY**

PLEASE WRITE THE STUDENT SUBJECTS TO BE ENROLLED FOR:

<b>NCV</b>

<b>REPORT 191</b>

**SECTION G: CHECKLIST ( OFFICE USE ONLY)**

	Signature	Date
Form Checked		
Student Number Checked		
Comments		

Signature: \_\_\_\_\_  
H.O.D.

\_\_\_\_\_ Date

Signature: \_\_\_\_\_  
Data Capturer

\_\_\_\_\_ Date

**PART TIME STUDENTS ONLY**



**COLLEGE ACCOUNT DETAILS:**

ACCOUNT NAME: KING SABATA DALINDYEBO FET  
COLLEGE ACCOUNT NUMBER: 620 349 258 36 BANK:  
FIRST NATIONAL BANK BRANCH: MTHATHA  
**REFERENCE: (Your Student Number)**

**IMPORTANT**

This form should be accompanied by the following:  
-Bank deposit slip of the non-refundable R30 application fee.  
(DO NOT BRING CASH TO THE COLLEGE)  
- Certified copy of your school leaving results  
- Certified copy of your identity document  
-Certified copy of you parent/legal guardian/surety if you are under 18

**NB: PLEASE READ THE GUIDELINES AND INFORMATION OVERLEAF BEFORE COMPLETING THE FORM.**

**Administration Centre**

R61 Queenstown Road  
Cicira Village  
Mthatha, 5099  
Private Bag x 5011  
Mthatha, 5099  
[Email: ceo@ksdfetcollege.org.za](mailto:ceo@ksdfetcollege.org.za)  
Contact: 047 505 1000

**Libode Campus**

R61 Port St Johns Road  
Libode, 5160  
Contact:047 555 7941

**Mngazi Campus**

Mgwenyana A/A  
Libode,5160  
Contact:047 555 7944

**Mapuzi Campus**

Coffee Bay Road  
Mqanduli, 5080  
Contact: 047 575 9044

**Zimbane Campus**

Zimbane A/A  
Mthatha, 5099  
Contact:047 505 1000

**Mthatha Campus**

R61 Queenstown Road  
Cicira Village  
Mthatha , 5099  
Contact: 047-505 1000

**Ntabozuko Campus**

C/O Madwaleni  
Gusi A/A  
Elliotdale, 5070  
Contact: 047 576 9469

**Ngcobo Campus**

Queenstown Road  
Idutywa Junction  
Ngcobo, 5050  
Contact: 047 548 1467