



## Student Enrolment Form

### Student Information

Full Name \_\_\_\_\_

Surname \_\_\_\_\_

ID/Passport Number \_\_\_\_\_

Residential Address \_\_\_\_\_

Telephone/Cellphone Number \_\_\_\_\_

### Course Information

Course Name \_\_\_\_\_

Preferred Start Date (If Applicable) \_\_\_\_\_

### Payment Details

Payment Method  Cash  EFT  Card  Other

Other Payment Method \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date of Payment \_\_\_\_\_


Reference Number (If Applicable) \_\_\_\_\_


### Declaration

I, the undersigned, hereby declare that the above information is true and correct.

I agree to the terms and conditions of enrolment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

 082 043 3267

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Registration Number: 2006/216040/23

 www.utaschools.co.za

 Mookgophong, Limpopo

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