

STUDENT REGISTRATION FORM

LEARNER/ STUDENT DETAILS

Allocated Student Number	Student#	<input type="text"/>		
Names	Firstname	<input type="text"/>	Surname	<input type="text"/>
ID Number	ID	<input type="text"/>		
Passport Number	Foreign ID	<input type="text"/>		
Birth Date(dd/mm/yyyy)	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		<input type="text"/>		
Marital Staus		<input type="text"/>		
Nationality		<input type="text"/>		
E-mail Address		<input type="text"/>		
Phone Number		<input type="text"/>		
Physical Address	Street	<input type="text"/>		
	Surburb	<input type="text"/>	Town	<input type="text"/>
	Code	<input type="text"/>		

Postal Address	Street	<input type="text"/>		
	Suburb	<input type="text"/>	Town	<input type="text"/>
	Code	<input type="text"/>		
Semester Number				<input type="text"/>

COURSE DETAILS

Course Title	<input type="text"/>			
Course Category *✓	Accredited	<input type="text"/>	Short	<input type="text"/>
Mode of Study *✓	Online	<input type="text"/>	Physical	<input type="text"/>
			Both	<input type="text"/>
	Full-time	<input type="text"/>	Part-time	<input type="text"/>
Study Duration *✓	3 months	<input type="text"/>	6 months	<input type="text"/>
			12months	<input type="text"/>
Allergies *✓	yes	<input type="text"/>	No	<input type="text"/>
Brief Details of Allergy if yes	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Disabled *✓	yes	<input type="text"/>	No	<input type="text"/>
Brief Details of Disability if yes	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

GUARDIAN/NEXT OF KEEN DETAILS

Names	Firstname <input style="width: 150px;" type="text"/> Surname <input style="width: 150px;" type="text"/>
Address	Street <input style="width: 380px;" type="text"/>
	Surburb <input style="width: 150px;" type="text"/> Town <input style="width: 150px;" type="text"/>
	Code <input style="width: 150px;" type="text"/>
Phone Number	<input style="width: 230px;" type="text"/>
Relationship	<input style="width: 230px;" type="text"/>

EMEGENCY CONTACT DETAILS

CONTACT 1	
Names	Firstname <input style="width: 150px;" type="text"/> Surname <input style="width: 150px;" type="text"/>
Address	Street <input style="width: 380px;" type="text"/>
	Surburb <input style="width: 150px;" type="text"/> Town <input style="width: 150px;" type="text"/>
	Street Code <input style="width: 150px;" type="text"/>
Phone Number	<input style="width: 230px;" type="text"/>
CONTACT 2	
Names	Firstname <input style="width: 150px;" type="text"/> Surname <input style="width: 150px;" type="text"/>
Address	Street <input style="width: 380px;" type="text"/>

	Suburb	<input type="text"/>	Town	<input type="text"/>
	Street Code	<input type="text"/>		
Certified Identity Document				
Certified Academic Certificates				
Curriculum Vitae				
Proof of Residence				