

# Dunkeld College Registration Form

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

## 1. Student Details:

ID Number:	<input type="text"/>		
Gender	<input type="text"/>		
Title:	<input type="text"/>		
Date of Birth:	<input type="text"/>		
Surname:	<input type="text"/>		
First Name:	<input type="text"/>		
Middle Name:	<input type="text"/>		
Maiden Name:	<input type="text"/>		
Nationality:	<input type="text"/>		
Race:	<input type="text"/>	Disability:	<input type="text"/>
Matric year	<input type="text"/>	Name of School:	<input type="text"/>
Highest Qual:	<input type="text"/>		
Residential Address: Postal (if	<input type="text"/>	Address <small>different to residential)</small>	<input type="text"/>
Cell Number: Other	<input type="text"/>	Number:	<input type="text"/>

## 2. Guardian or Next of Kin Details:

Full Name:	<input type="text"/>		
Relationship: Contact	<input type="text"/>	details:	<input type="text"/>

## 3. Banking details for payment

Name of Account: Dunkeld College  
Bank First National Bank  
Branch Code: 250655  
Account Number: 6294 1232 564  
Universal Brank Code: 250655  
Payment Reference: Please use your ID number  
Email proof of payment to [info@dunkeldcollege.co.za](mailto:info@dunkeldcollege.co.za)

I hereby declare that the contents completed above are to the best of my knowledge a true reflection of the facts.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE