

# GSC REGISTRATION FORM

## STUDENT INFORMATION:

FIRST NAME: \_\_\_\_\_  
SURNAME: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
STUDENT TEL/CEL NO: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION: ( IF YOUNGER THAN 21 )

FIRST NAME: \_\_\_\_\_  
SURNAME: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
PARENT TEL/CEL NO: \_\_\_\_\_

## NEXT OF KIN

FIRST NAME: \_\_\_\_\_  
SURNAME: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
TEL/CEL NO: \_\_\_\_\_

## STUDENT INFORMATION

PREVIOUS STUDENT: YES NO  
DATE OF BIRTH: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_  
SA CITIZEN: YES NO  
GENDER: \_\_\_\_\_  
AGE: \_\_\_\_\_  
MOTHER TONGUE: \_\_\_\_\_  
EXAM LANGUAGE: \_\_\_\_\_  
DISABILITIES: \_\_\_\_\_  
HIGHEST GRADE PASSED: \_\_\_\_\_

SUBJECTS WITH SYMBOLS/PERCENTAGE:

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\_\_\_\_\_  
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