



**KSD FET COLLEGE APPLICATION FORM : 2014**  
**NEW STUDENTS ONLY**

MTHATHA CAMPUS	
NGCOBO CAMPUS	
MNGAZI CAMPUS	
MAPUZI CAMPUS	
NTABOZUKO CAMPUS	
LIBODE CAMPUS	
ZIMBANE CAMPUS	

**CONQUER THROUGH TECHNOLOGY**

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

FOR OFFICE USE ONLY													
<b>PLEASE TICK THE DOCUMENTS ATTACHED</b>													
CERTIFIED ID COPY/ BIRTH CERTIFICATE OF APPLICANT				NCV	OA		TOUR			CIVIL		ERD	
CERTIFIED COPIES OF CERTIFICATES					FEA		HOSP			EIC		MARK	
CERTIFIED ID COPY OF PERSON PAYING ACCOUNT					MAN		IT			SAFETY		EDU	
PROOF OF PAYMENT OF REGISTRATION FEE				Report 191	CIVIL		PR			MM		HR	
<b>CAPTURE STUDENT NUMBER BELOW</b>					MECH		BM			ELEC		PM	
					PLUM		EDUCARE						

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

Handed out by: WEBSITE VERSION

Signature: WEBSITE VERSION

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

ID Number												Date of Birth	Y	Y	M	M	D	D	
Title	Mr		Ms		Other		Specify		Initials										
Surname	_____																		
Full Names	_____																		
Home Tel												Work Tel							
Cell																			
E-mail addr	_____																		
Do you need Financial Assistance		YES		NO															

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

Guardian	_____																		
Postal Address	_____ _____																		
Postal Code												Relationship	_____						
Occupation	_____																		
Work Tel												Day Tel							
Cell																			

Please Attach ID Copy (Parent/Guardian)

### SECTION C: SAPCE INFORMATION

Nationality													
Home Language	IsiXhosa	<input type="checkbox"/>	A	English	<input type="checkbox"/>	C	Other	<input type="checkbox"/>	E				
	IsiZulu	<input type="checkbox"/>	B	Afrikaans	<input type="checkbox"/>	D	Specify						
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Race	Black African	<input type="checkbox"/>	A	White	<input type="checkbox"/>	W	Other	<input type="checkbox"/>
						Coloured	<input type="checkbox"/>	C	Indian	<input type="checkbox"/>	I	Specify	<input type="checkbox"/>
Citizen Status													
South African	<input type="checkbox"/>	Perm Resident	<input type="checkbox"/>										

If you are not a South African citizen kindly indicate :

Passport number: \_\_\_\_\_

Study Permit: \_\_\_\_\_

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

Student Support Status	Received	<input type="checkbox"/>	Not Received	<input type="checkbox"/>	Not Eligible	<input type="checkbox"/>
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Are you applying for hostel	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please request hostel application form

### SECTION D: SCHOOL LEAVING DETAILS

Last school Attended							Level Passed			
Year			Grade 10	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>		

**NB : Please attach a copy of your academic results or school report and I.D.Copy**

Previous Year Activity		Other FET College		<input type="checkbox"/>
At this FET College	<input type="checkbox"/>	Technical College	<input type="checkbox"/>	
University	<input type="checkbox"/>	Higher Education	<input type="checkbox"/>	
Technikon	<input type="checkbox"/>	Secondary School	<input type="checkbox"/>	
Unemployed	<input type="checkbox"/>	Working	<input type="checkbox"/>	
Foreign Education	<input type="checkbox"/>			

### SECTION E: STUDENT ADDRESS

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

### SECTION F: DISABILITIES/SPECIAL NEEDS

Mark with an X where applicable.

Blindness	<input type="checkbox"/>	Low Vision	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Communication	<input type="checkbox"/>
Specific learning disability	<input type="checkbox"/>	Physical Challenged	<input type="checkbox"/>
Psychiatric disorder	<input type="checkbox"/>	Intellectually disabled	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Other Specify	<input type="checkbox"/>

Allergies/ Health Problems				
Contact Person			Contact No	
Dr Name			Dr Tel	

**SECTION G: 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 responsibility 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 H: 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**

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

**LECTURER USE ONLY**

PLEASE WRITE THE STUDENT SUBJECTS TO BE ENROLLED FOR:

NCV

REPORT 191

	Signature	Date
Form Checked		
Student Accepted		
Student Not accepted		
Student number captured		
Comments		

\_\_\_\_\_  
**Signature: HOD**

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

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

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

# KSD FET COLLEGE APPLICATION FORM : 2014

## NEW 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 full name )**

### 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

**"A leading institution which provides high quality programmes responsive to South Africa's socio-economic development needs"**