

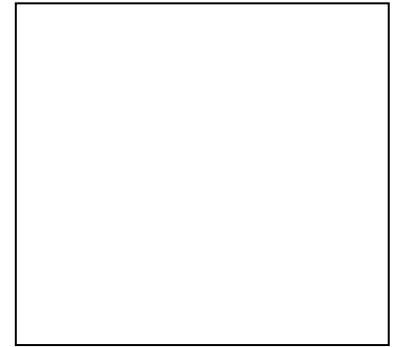
CATHOLIC COMPREHENSIVE COMMUNITY COLLEGE



All correspondence to be directed to the Principal

P.O Box 342
 Leribe 300
 Tel: 28400856
 Fax: 22401 240
 Reg: 432 002

PASSPORT SIZE PHOTO



APPLICATION FORM		Student No:									
(Office use)											
Registered by											
Data Capturer											

INSTRUCTIONS TO THE APPLICANT

Complete application form; attach certified copies of your baptismal letter, educational and medical certificate (original with the receipts from government hospital) passport size photo and two letters from referees (one from the head master / principal of our last school attesting to you conduct and general behavior and the other letter from priest of your church with date stamps) sent them to:

THE DIRECTOR OF ADMISSION

P. O BOX 347

LERIBE 300

OR HAND DELIVER THEM TO SCHOOL CAMPUSS

PLEASE MARK THE 1ST AND 2ND CHOICE COURSE YOU WISH TO FOLLOW:

- | | |
|--|-----------------------------|
| Motor Vehicle Technology (Automotive)..... | Bricklaying..... |
| Electrical Installation | Plumbing..... |
| Carpentry and Joinery | Information Technology..... |

CONTACT DETAILS OF PARENT / GUARDIAN / PERSON WHO MUST RECEIVE ACADEMIC REPORTS

Title, Surname & Initials																	
Address:													Postal code:				
	Cell Number					Home Number					Work Number						
Telephone Numbers:																	
E-mail Address:																	

DISABILITIES: Do you have a medical condition or disability? If so, please indicate with an 'x' below:

None	Attention Deficit disorder	Autistic Spectrum Disorder		Behavioral Disorder	Blind	Cerebral Palsied		Deaf/Blind Disabled
Deaf	Epilepsy	Hard of Hearing	Mild/Moderate Intellectually Disabled		Multiple Disabled		Partially Disabled	Psychiatric Disorder
Profound Intellectually Disabled		Severe Intellectually Disabled			Specific Learning Disabled		Dyslexia	

I solemnly declare on my honor that I shall abide by the rules and regulations of the Catholic Comprehensive Community College , obey the authority, all the instructors and treat with respect all the school property as well as student if I am accepted to study

Signature Date.....

Witness Date

To be filled by the person responsible for payment of fees. Parent, guardian, applicant or other I have acquainted myself with the regulation of the Catholic Comprehensive Community College and undertake to fulfill my obligation to pay fees at the set terms and to cooperate with school authorities

NameDate.....

Address.....

.....