

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

STUDENT NAME:	
----------------------	--

INSTRUCTIONS TO THE APPLICANT

Complete application form; attach application proof of payment, certified copies of your baptismal letter, educational and medical certificate (original with the receipts from government hospital) passport copy, passport size photo and two letters from referees (one from the head master / principal of your last school attending 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 342

LERIBE 300

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

Motor Vehicle Technology (Automotive)	<input type="checkbox"/>	Bricklaying and Plastering	<input type="checkbox"/>
Electrical Installation	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	Carpentry and Joinery	<input type="checkbox"/>

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

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

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 other trainees 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

Name _____ Date. _____
 Address. _____

(Office use)

FORM APPLICATION																				
Student No:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>																				
Application Fee:	M 350.00																			
Standard Bank Account No:	9080002148907																			
Account Name:	Catholic Comprehensive Community College																			
Branch code:	060867																			
Dead-Line:	31 st March 2023																			

