



OLIVEWOOD TECHNICAL COLLEGE

24 Lambani Madandila, 0960

Reg No: 2018/533303/07

E-mail: info@Olivewoodcollege.com

Web: www.olivewoodcollege.com

Tel: 015 061 0971

ENROLLEMENT FORM FOR 2026

1. LEARNER INFORMATION																							
Highest Grade Passed:							Year Passed:																
Student's Name(s):																							
Preferred Name:							Initials:																
Surname:																							
Gender (X):	Female <input type="checkbox"/>			Male <input type="checkbox"/>			Age:																
Date of Birth:	Y	Y	Y	Y	M	M	D	D	ID/passport No:														
Home Language:							Nationality :																
Physical Address:							Postal Address:																
Student Email:																							
Student Cell:							Emergency Telephone:																



2. ACADEMIC HISTORY

Name of Previous School:	
Last Grade passed:	
Reason for Leaving Previous School:	

3. PROGRAM INFORMATION

To which program are you applying for : tick (✓) Relevant program	
<input type="checkbox"/> Adult Literacy Teacher (NQF Level 5)	
<input type="checkbox"/> Basic End User Computing (NQF Level 3)	
<input type="checkbox"/> Occupational health and Safety Officer (NQF level 4)	
<input type="checkbox"/> Early Childhood Development (NQF level 4)	
<input type="checkbox"/> Commercial Cleaner (NQF level 2)	
Year Applying for:	

4. STUDENT MEDICAL INFORMATION

Any Medical Conditions/Disability:	
Details of special conditions requiring attention:	

5. PARENT/GUARDIAN INFORMATION

Surname & Name					
Title:		Marital status:		Nationality:	
E-mail:					



Cell:		Home Phone:	
Home Address:			
Work Phone No:			
Relationship to Student:			

6. PERSON/ENTITY RESPONSIBLE FOR ACCOUNT			
Name & Surname:			
E-mail:		Cell:	
Home Address:			
Profession/Occupation:			
Business Name:			
Work Email:		Work Phone No:	

7. ACCOMODATION
Need for accommodation
<input type="checkbox"/> Yes <input type="checkbox"/> No



8. REQUIRED DOCUMENTATION

Required Documentation	Tick if Attached (Student Checklist)	Tick if Received (Office Use)
Copy of ID (certified)	<input type="checkbox"/>	<input type="checkbox"/>
Most recent school report(s) (certified)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of residence	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

9. DECLARATION

I hereby declare that all information provided is true and complete, including any attachments, and I agree that my application may be rejected if I have falsified this application in any way, or failed to provide any relevant information.

Name of Student: _____

Signature: _____

Signed at _____ on the ____ day of _____ 20__

N.B. A non-refundable Registration fee of R1 500 is payable upon admission and at the beginning of every semester/trimester.

Banking Details

Bank: First National Bank (FNB)

Account Type: Cheque

Branch Code: 250655

Account Holder: Olivewood

Account Number: 63135011491

Reference: ID no. of applicant

Submit your application form to: info@olivewoodcollege.com with the subject line "Program Name – Your Name"

