Signature District Official

DIRECTORATE: ASSESSMENT AND EXAMINATIONS

NATIONAL SENIOR CERTIFICATE PROOF OF REGISTRATION: PART-TIME CANDIDATE

Surname and Initia Candidate:	ials of				·				
Identity Number				Pr	Previous Exam Number				
Centre To be registered at Centre Number									
Print									
SUBJ	ECT(s) Enrolled : Mark with a	"Х"							
4.0.11	** *	A PIDAYA	Eng A	Afr		4 FFD C 4	Eng	Afr	
Afrikaa	ans Home Language ans First Additional Language	AFRHL AFRFA			Afrikaans Second Additional Language IsiXhosa Second Additional Language	AFRSA XHOSA			
	1 Home Language	ENGHL			Islanosa Second Additional Language	Anosa			
English First Additional Language		ENGFA			Civil Technology	CVLT			
IsiXhosa Home Language		XHOHL			Electrical Technology	ELTT			
IsiXhosa First Additional Language		XHOFA			Mechanical Technology	MCHT			
IsiZulu Home Language		ZULHL			Engineering Graphics and Design	GRDES			
Sesoth	o Home Language	SESHL			Goography	GEOG			
Mather	matical Literacy	MLIT			Geography History	HIST			
Mathematics		MATH			Religion Studies	RLGS			
					S				
Life O	rientation	LIFE			Computer Applications Technology	CATN			
					Information Technology	INFT			
	Itural Management Practices	AGRM			Life Sciences	LFSC			
	Itural Science	AGRS AGRT			Physical Sciences	PHSC			
Agricu	ltural Technology	AGKI			Consumer Studies	CNST			
Dance	Studies	DNCE			Hospitality Studies	HOSP			
Design		DSGN			Tourism	TRSM			
Drama		DRMA							
Music		MUSC			Arabic Second Additional Language	ARBSA			
Visual	Arts	VSLA			French Second Additional Language	FRHSA			
Accour	nting	ACCN			German Second Additional Language	GRMSA			
	ss Studies	BSTD							
Econor		ECON							
 I declare that: I have been informed to produce this proof of registration during the checking of the preliminary schedules and when collecting the Time-Table I have also been informed that if I change a subject,I have to submit a written confirmation from a full time school that will be offering SBA before my registration can be processed. 									
Name of Applicant					Signature of Applicant			Date	
This is to confirm that your registration form was received by: The Assessment and Examinations district office									
					Potetra Vivva (Potera				
					Distric	t Name (Print)			
Surname/Initials of District Official									
Please Print			District Office Stamp						

Date