



DORATHY BROOKS TRAINING CENTER

24 Macowen Street
SE3
Vanderbijlpark
DEBRA: 066 302 1110
debra.haasbroek@yahoo.com

ENROLLMENT DATE : _____

STUDENT INFORMATION

Surname: _____ First Name: _____
Address: _____ ID Number: _____
City: _____ Date of Birth: _____
Contact no: _____
Grade: _____

Gender Male Female

Home Language AFR ENG

Current school attending: _____

Subject/s enrolling for: Maths Acc
Both

PARENTS INFORMATION

FATHER

MOTHER

Name: _____	Name: _____
Surname: _____	Surname: _____
ID Number: _____	ID Number: _____
Address: _____	Address: _____
_____	_____
Contact no: _____	Contact no: _____

Friend or family member details:

Name: _____
Contact no: _____

PARENT

DATE



DORATHY BROOKS TRAINING CENTER

24 Macowen Street
SE3
Vanderbijlpark
DEBRA: 066 302 1110
debra.haasbroek@yahoo.com

PAYMENT

Select the payment frequency from the options below:

Weekly Monthly Once off payment

Select the preferred payment method:

Cash
Card VISA/MasterCard
EFT

Parent

Date