

School of Landscaping and Horticulture

Student Enrolment Form 2025

Supply a copy of ID/Passport and Proof of Payment.

1. Personal Details

Full Name (as per ID/Passport):	
ID/Passport Number:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality:	
Home Language:	
Other Languages Spoken:	

2. Contact Details

Residential Address:	
Postal Address (if different):	
Cellphone Number:	
Alternative Number:	
Email Address:	

3. Next of Kin / Emergency Contact

Full Name:	
Relationship:	
Contact Number:	
Email (optional):	

T 011 792 8244

C 084 668 1568

E richard@lifestylecollege.co.za

W www.lifestylecolleg.co.za

School of Landscaping and Horticulture

4. Educational Background

Highest Qualification Obtained:

Highest Level Achieved:	
Name of School/College/Institution:	
Year Completed:	

5. Course Enrolment

Course Applying For:

Mode of Study:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Online Learning
Name of course/course:	
Proposed Start Date/s of course:	

7. Declaration by Student

I, the undersigned, declare that:

1. The information given above is true and correct.
2. I understand that false information may result in cancellation of my enrolment.
3. I agree to abide by the rules and regulations of the School of Landscaping and Horticulture.
4. I acknowledge that I am responsible for payment of all fees associated with my studies.
Course fees are payable prior to course starting.

Student's Full Name:	
Signature:	
Date:	

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8. Parent/Guardian/Employer Declaration (if student is under 18 or sponsored)

I, the undersigned, accept responsibility for the above student's enrolment, conduct, and fees where applicable.

Full Name:	
Relationship/Designation:	
Signature:	
Date:	

9. Banking details of School of Landscaping and Horticulture

Bank:	Nedbank
Branch code:	198 765
Account number:	131 511 000 8 Please send Proof of Payment to richard@lifestylecollege.co.za

9. For Office Use Only

Student Number:	
Course Code:	
Date Received:	
Processed By:	
Supporting Documents Received	<input type="checkbox"/> Certified ID Copy <input type="checkbox"/> Proof of Highest Qualification (only for FT) <input type="checkbox"/> Proof of Payment

Version 1	September 2025

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