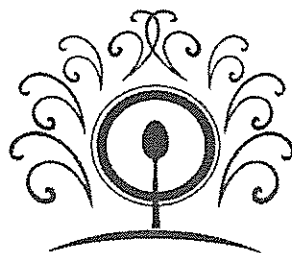


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## Limpopo Chefs Academy

### SPI – STUDENT PERSONAL INFORMATION FORM

STUDENT NAME	TERCIAH
STUDENT SURNAME	MOKWANA
STUDENT ID NUMBER	9301080922084
STUDENT CELLPHONE NUMBER	071 747 5863
STUDENT EMAIL ADDRESS	tershmkb@gmail.com
COURSE STUDYING	INTRODUCTION TO PROFESSIONAL COOKERY
<b>MEDICAL CONDITIONS</b>	
IF YOU HAVE ANY MEDICAL CONDITIONS THAT WE NEED TO KNOW OF PLEASE RECORD THEM BELOW. WE REQUIRE A COPY OF YOUR MEDICAL INSURANCE OR MEDICAL AID CARD FOR EMERGENCIES.	
EMERGENCY TELEPHONE NUMBER (PLEASE SUPPLY 2 NUMBERS)	
076 136 9311	
<b>PARENT/GUARDIAN DETAILS</b>	
NAME & SURNAME OF FATHER/GUARDIAN	N/A
NAME & SURNAME OF MOTHER/GUARDIAN	MARGARETH LEAH MOKWANA
TELEPHONE NUMBER FATHER/GUARDIAN	N/A
TELEPHONE NUMBER MOTHER/GUARDIAN	076 136 9311
EMAIL ADDRESS FATHER/GUARDIAN	N/A
EMAIL ADDRESS MOTHER/GUARDIAN	N/A
HOME ADDRESS FATHER/GUARDIAN	N/A
HOME ADDRESS MOTHER/GUARDIAN	STAND NO 0129 THABALEBOTO



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