Mokopane Campus (Head Office) 82 Rabe Street, Mokopane, 0600 Tel/Fax: 015 491 1226

info@limpopochefs.co.za City & Guilds Centre No: 848490



Polokwane Campus

21 Sapphire Street, Polokwane 0699 Tel/Fax: 015 292 0102 polokwane@limpopochefs.co.za www.limpopochefs.co.za

Limpopo Chefs Academy

SPI – STUDENT PERSONAL INFORMATION FORM

STUDENT NAME	Daniel Great	
STUDENT SURNAME	renties	
STUDENT ID NUMBER	9908/6 51350 83	
STUDENT CELLPHONE		
NUMBER	078 507 1467	
STUDENT EMAIL ADDRESS	dinielmeinties 160 ictord con	
COURSE STUDYING	chef.	
	MEDICAL CONDITIONS	
IF YOU HAVE ANY MEDICAL CO	NDITIONS THAT WE NEED TO KNOW OF PLEASE RECORD	
THEM BELOW. WE REQUIRE A	COPY OF YOUR MEDICAL INSURANCE OR MEDICAL AID	
CARD FOR EMERGENCIES.		
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EMERGENCY TELEPHONE NUMBER (PLEASE SUPPLY 2 NUMBERS)		
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PARENT/GUARDIAN DETAILS		
NAME & SURNAME OF		
FATHER/GUARDIAN	Aliba Talipard Flip	
NAME & SURNAME OF		
MOTHER/GUARDIAN	Idijaard. (-11/tha.	
TELEPHONE NUMBER FATHER/	GUARDIAN 083 225 LSG.	
TELEPHONE NUMBER		
MOTHER/GUARDIAN	083 LOJ 9393.	
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EMAIL ADDRESS MOTHER/GUA	CANCEL CANCEL CONTROL	
HOME ADDRESS FATHER/GUAR	C. Line St. H. O'Cleri	
HOME ADDRESS MOTHER/GUA	ARDIAN lo Balief st indigen	
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