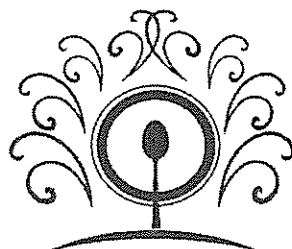


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Limpopo Chefs Academy

SPI – STUDENT PERSONAL INFORMATION FORM

STUDENT NAME	Rikateko Jessica
STUDENT SURNAME	Ramaboka
STUDENT ID NUMBER	0103220701082
STUDENT CELLPHONE NUMBER	067 871 5864 079 679 1690
STUDENT EMAIL ADDRESS	rikatekojessica48@gmail.com
COURSE STUDYING	1st Year Cooks
MEDICAL CONDITIONS	
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)	
PARENT/GUARDIAN DETAILS	
NAME & SURNAME OF FATHER/GUARDIAN	Jack Ramaboka
NAME & SURNAME OF MOTHER/GUARDIAN	Jeniwa Ramaboka
TELEPHONE NUMBER FATHER/GUARDIAN	073 692 1839
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EMAIL ADDRESS FATHER/GUARDIAN	J.Ramaboka@yahoo.com
EMAIL ADDRESS MOTHER/GUARDIAN	
HOME ADDRESS FATHER/GUARDIAN	Mozombane 168C
HOME ADDRESS MOTHER/GUARDIAN	Mozombane 168C



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