



APPLICATION FOR ADMISSION

PLEASE TICK APPROPRIATE QUALIFICATION	
HOSPITALITY SERVICE MANAGEMENT <input type="checkbox"/>	PROFESSIONAL COOKERY <input type="checkbox"/>

THE CAPITAL HOTEL SCHOOL
AND TRAINING ACADEMY

STUDENT NO: _____

INTERVIEW DATE: _____ TIME: _____

ACCEPTED / DENIED: _____

SOURCE OF ENQUIRY: _____

DETAILS OF PROSPECTIVE STUDENT

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	I.D. NUMBER	<input type="text"/>	
SURNAME	<input type="text"/>					
FIRST NAMES IN FULL	<input type="text"/>					
NICKNAME	<input type="text"/>					
DATE OF BIRTH	DAY	<input type="text"/>	MONTH	<input type="text"/>	YEAR	<input type="text"/>
TELEPHONE NUMBERS	(C)	<input type="text"/>	(H)	<input type="text"/>		
HOME LANGUAGE	<input type="text"/>					

DETAILS OF FATHER / GUARDIAN

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	I.D. NUMBER	<input type="text"/>	
SURNAME	<input type="text"/>					
FIRST NAMES IN FULL	<input type="text"/>					
OCCUPATION	<input type="text"/>					
TELEPHONE NUMBERS	(H)	<input type="text"/>	(W)	<input type="text"/>		
CELLPHONE	<input type="text"/>	FAX	<input type="text"/>			
E-MAIL ADDRESS	<input type="text"/>					
POSTAL ADDRESS	<input type="text"/>					
					CODE:	<input type="text"/>

DETAILS OF MOTHER / GUARDIAN

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	I.D. NUMBER	<input type="text"/>	
SURNAME	<input type="text"/>					
FIRST NAMES IN FULL	<input type="text"/>					
OCCUPATION	<input type="text"/>					
TELEPHONE NUMBERS	(H)	<input type="text"/>	(W)	<input type="text"/>		
CELLPHONE	<input type="text"/>	FAX	<input type="text"/>			
E-MAIL ADDRESS	<input type="text"/>					
POSTAL ADDRESS	<input type="text"/>					
					CODE:	<input type="text"/>

QUALIFICATIONS

HIGH SCHOOL ATTENDED	<input type="text"/>
HIGHEST GRADE PASSED	<input type="text"/>
	YEAR: <input type="text"/>

Please attach copy of CV & ID + certified copies of all previous qualifications, i.e. latest school report, testimonials, references.

STUDENT SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

DATE of APPLICATION _____