

## Registration Form for Career Counselling

### Learner Information

Surname:	
Name:	
Date of Birth:	
Grade & Class:	
Language of instruction:	
Contact number:	

### Parent/ Guardian Information

Surname:	
Name:	
Contact number (w):	
Contact number (c):	
Email address:	
Address:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Hereby, I, \_\_\_\_\_ parent/ guardian of  
\_\_\_\_\_ give consent that my son undergo psychometric  
assessment for career counselling. I further give consent that his latest academic results are  
drawn in order to assist with the decision making process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_