



## LUSAKA VOCATIONAL TRAINING CENTRE MANAGEMENT BOARD RETURNING STUDENT REGISTRATION FORM

STUDENT NAME .....  
 STUDENT NUMBER .....  
 PROGRAM .....  
 LEVEL .....  
 INTAKE.....  
 FULL TIME    PART TIME  
 BOARDING (YES/NO).....  
 NEXT OF KIN..... RELATIONSHIP WITH NEXT OF KIN.....  
 ADDRESS.....CELL.....

		DETAILS	CLEARED/NOT CLEARED	COMMENTS	SIGNATURE
1	ACCOUNTS				
2	HEAD OF SECTION				
3	CLASS LECTURER				