

Enrolment Form

Please send with fee to correct school

First Name:
Surname:
Home Address:
Home Phone:.....Work:
Phone:.....
Email Address.....

Code No Course Title.....Fee.....
Code No Course Title.....Fee.....
Code No Course Title.....Fee.....

Payment: Cheque (Mailed Enrolments Only)
 Mastercard
 Visa

Credit card number:

Card holders name:.....
Card holders Signature:..... Expiry date:.....

Privacy Act 1992: The following information is required for statistical purpose only

Sex: M F

Age: 16-19 20-29 30-39 40-49 50-59 60+

Ethicity: European Asian Maori Pacific Island Other

Residency: NZ Resident Non-Resident

I got my information from: Brochure Western Leader Internet
 Word of Mouth Other

