

Short Enrolment Form

Please answer all questions.

CPIT ID No. National Student No.

Please ensure you complete this form fully.

Title: _____ Family name/Surname: _____

First/Given names (*in full*): _____

What school are you attending? (*STAR students only*) _____

Have you previously enrolled at CPIT? No Yes – if so under what name? _____

Will you be attending a secondary school (full time) in 2006? No Yes

Date of birth: _____ Male / Female

Permanent address: _____

Tel. _____ (home) _____ (work)

NZ citizen Permanent resident Country of citizenship (*if not NZ*) _____

To which ethnic group(s) do you belong: NZ European Asian Other

NZ Māori – if so what iwi? _____ Pacific Islands _____
(Specify please)

Course Details

Course Description or Code	Course Start Date	Fee \$

Fee Payment (if applicable)

Amount Corporate Invoice Cash EFTPOS Cheque
 MasterCard Visa Amex

Credit card no.

Card expiry date _____ Cardholder's name _____

Cardholder's signature _____

Is English your main language? YES NO

Do you live with the long term effects of injury, illness or disability? YES NO

In an emergency could you get out of a building on your own? YES NO

Privacy Act

CPIT (Christchurch Polytechnic Institute of Technology) undertakes to collect and maintain personal information in a manner consistent with the Privacy Act 1993 (see Student Information Handbook for full details). Please note that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching Programme with the New Zealand Birth Register. For further information please see <http://www.nsi.govt.nz/ima>

Student Declaration

I hereby declare that the information I have given on this form is true and correct. I agree to abide by the terms and conditions of CPIT. I undertake to protect my PIN and password from improper user; in particular, I declare that I will not disclose my PIN and password to any third party.

CPIT collects and stores information from this form to keep you advised about programmes, courses and services available at CPIT.

Signature

Date

Place in an envelope (no stamp required) and mail to:

Freepost 161
Weekend College
CPIT
P O Box 540
Christchurch 8015