

School name _____



New Zealand
School of Tourism

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E-Mail star@nzschooloftourism.co.nz
Website www.nzschooloftourism.co.nz

2017 Secondary School Student Enrolment Form

The Ministry of Education, NZQA, Industry Training Organisations and other government departments require the information in this enrolment form.

***Please take the time to complete the questions in full and in block letters**

Family name: _____
(As on Birth Certificate)

First name/s: _____
(As on Birth Certificate)

Date of birth: _____

Gender: MALE / FEMALE
(Please circle)

National Student Index number: _____

Ethnicity

Please tick the box that applies to you

European / Pakeha
New Zealand Maori
Samoan
Cook Island Maori
Tongan
Niue
Tokelauen

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Fijian
Other Pacific Island
Chinese
Indian
Other Asian
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please specify if "Other Pacific Island", "Other Asian" or "Other".

Citizenship

Tick the box which best describes your citizenship or permanent residency status

New Zealand Citizen NZL Australian Citizen AUS
NZ Permanent Resident NZP International Student

Please specify if "International Pacific Island", "International Asian" or "Other International".

Home address: _____

Home phone: _____ **Mobile:** _____

Email address: _____

School attending: _____

Gateway Teacher: _____

Teacher contact #: _____

(during course)

Flight Experience YES / NO

Have you completed EVERY area?

If YES Please sign below

If NO Please go back and complete before signing

Please tick this box if you wish to receive further information from the New Zealand School of Tourism. This will be in the form of Newsletters, course information etc.

I give my permission for the New Zealand School of Tourism to use the information I have provided.

Signature: _____ Date: _____