



2020 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 / DIVERSE
(Please circle)

National Student Index number: _____

School Name: _____

Ethnicity

Please tick the box that applies to you

<i>European / Pakeha</i>	<input type="checkbox"/>	<i>Fijian</i>	<input type="checkbox"/>
<i>New Zealand Maori</i>	<input type="checkbox"/>	<i>Other Pacific Island</i>	<input type="checkbox"/>
<i>Samoan</i>	<input type="checkbox"/>	<i>Chinese</i>	<input type="checkbox"/>
<i>Cook Island Maori</i>	<input type="checkbox"/>	<i>Indian</i>	<input type="checkbox"/>
<i>Tongan</i>	<input type="checkbox"/>	<i>Other Asian</i>	<input type="checkbox"/>
<i>Niue</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>
<i>Tokelauen</i>	<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

<i>New Zealand Citizen</i>	<input type="checkbox"/>	<i>NZL</i>	<i>Australian Citizen</i>	<input type="checkbox"/>	<i>AUS</i>
<i>NZ Permanent Resident</i>	<input type="checkbox"/>	<i>NZP</i>	<i>International Student</i>	<input type="checkbox"/>	

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



New Zealand School of Tourism

Home address: _____

Home phone: _____ **Mobile:** _____

Email address: _____

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:** _____