





## V003EE COLLEGE COLLEGE COLLEGE COLLEGE School of Tourism STAR | GATEWAY | NCEA CREDIT COURSE | SCHOOL HOLIDAY PROGRAMME ENROLMENT FORM

COURSE DETAILS:			
STAR   GATEWAY   NCEA   SHP COURSE NAME:			
CAMPUS:			
STAR   GATEWAY   NCEA   SHP COURSE DATES:			
STUDENT 1 DETAILS:			
Student 1 - Full Name:		Preferred Name:	
Pronoun:		Date of Birth:	
Gender:		National Student Number:	
Do you live with the effects of a disability or long-term illness which may impact your		Emergency Contact Details (Only if enrolled on School	Name:
study?		Holiday Programs)	Contact:
STUDENT 2 DETAILS:			
Student 2 - Full Name:		Preferred Name:	
Pronoun:		Date of Birth:	
Gender:		National Student Number:	
Do you live with the effects of a disability or long-term illness which may impact your		Emergency Contact Details (Only if enrolled on School	Name:
study?		Holiday Programs)	Contact:
STUDENT 3 DETAILS:			
Student 3 - Full Name:		Preferred Name:	
Pronoun:		Date of Birth:	
Gender:		National Student Number:	
Do you live with the effects of a disability or long-term illness which may impact your		Emergency Contact Details (Only if enrolled on School	Name:
study?		Holiday Programs)	Contact:
STUDENT 4 DETAILS:			
Student 4 - Full Name:		Preferred Name:	
Pronoun:		Date of Birth:	
Gender:		National Student Number:	
Do you live with the effects of a disability or long-term illness which may impact your		Emergency Contact Details  (Only if enrolled on School	Name:
study?		Holiday Programs)	Contact:
STUDENT 5 DETAILS:			
Student 5 - Full Name:		Preferred Name:	
Pronoun:		Date of Birth:	
Gender:		National Student Number:	
Do you live with the effects of a disability or		Emergency Contact Details	Name:
long-term illness which may impact your study?		(Only if enrolled on School Holiday Programs)	Contact:
SCHOOL/REGISTRATION CONTACT DETAILS:			
Full Name:		School:	
		Phone:	
Position (STAR/Careers etc):			
Email:			