

## 2011 STAR ENROLMENT FORM

### PERSONAL DETAILS

<b>Title:</b>	Mr, Miss, Ms				
<b>Surname:</b>					
<b>First Names:</b>					
<b>Preferred First Name:</b>					
<b>Previous Name (if different):</b>					
<b>Date of Birth:</b>	/	/	<b>Gender: Male</b>		<b>Female</b>

<b>Please complete if you can</b>
<b>Student ID</b>
<b>NSN</b>

### STUDY CONTRACT

Course Name	Date course begins	Total Hours	Location

### ADDRESS DETAILS

<b>Home Postal Address:</b>
_____
_____
_____
<b>Telephone No.</b> ( ) _____ <small>STD</small>

<b>Name of School:</b>
_____
<b>Address:</b> _____
_____
<b>Telephone No.</b> ( ) _____ <small>STD</small>

### CITIZENSHIP DETAILS

Tick the box that best describes your Citizenship or Permanent Residence Status.

<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Australian Citizen
<input type="checkbox"/> NZ Permanent Resident	<input type="checkbox"/> Other _____ <small>Specify your country of Citizenship</small>

## ETHNIC ORIGIN

<input type="checkbox"/> 111	NZ European/Pakeha	<input type="checkbox"/> 123	Greek	<input type="checkbox"/> 421	Chinese
<input type="checkbox"/> 211	NZ Maori	<input type="checkbox"/> 124	Polish	<input type="checkbox"/> 431	Indian
<input type="checkbox"/> 311	Samoan	<input type="checkbox"/> 125	South Slav	<input type="checkbox"/> 441	Sri Lankan
<input type="checkbox"/> 321	Cook Island Maori	<input type="checkbox"/> 126	Italian	<input type="checkbox"/> 442	Japanese
<input type="checkbox"/> 331	Tongan	<input type="checkbox"/> 127	German	<input type="checkbox"/> 443	Korean
<input type="checkbox"/> 341	Niue	<input type="checkbox"/> 128	Australian	<input type="checkbox"/> 444	Other Asian
<input type="checkbox"/> 351	Tokelauen	<input type="checkbox"/> 129	Other European	<input type="checkbox"/> 511	Middle Eastern
<input type="checkbox"/> 361	Fijian	<input type="checkbox"/> 411	Filipino	<input type="checkbox"/> 521	Latin American
<input type="checkbox"/> 371	Other Pacific Peoples	<input type="checkbox"/> 412	Cambodian	<input type="checkbox"/> 531	African
<input type="checkbox"/> 121	British/Irish	<input type="checkbox"/> 413	Vietnamese	<input type="checkbox"/> 611	Other
<input type="checkbox"/> 122	Dutch	<input type="checkbox"/> 414	Other Southeast Asian	<input type="checkbox"/> 999	Not Stated

## MEDICAL DETAILS

Please provide details of any medical condition or medication being taken of which we should be aware, e.g., asthma.

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## EMERGENCY CONTACT

<b>Name(s):</b>			
<b>Address:</b>			
<b>Phone No.</b>	(       )	<b>Relationship:</b>	

## DECLARATION

I hereby declare the information given to be true and understand that if I have supplied false information, or not complied with the Academic Regulations of Tai Poutini Polytechnic, my enrolment may be cancelled by the Chief Executive Officer. I authorise any information given to be used in compliance with the Privacy Act.

Signature:

Date: