



Level 3, 150 Victoria Street
 PO Box 90 113
 Auckland Mail Centre
 Telephone (09) 379 3819
 Fax (09) 379 3816



2011 STAR ENROLMENT FORM

PERSONAL DETAILS

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

Please complete if you can
Student ID
NSN

STUDY CONTRACT

Course Name	Date course begins	Total Hours	Location

ADDRESS DETAILS

Home Postal Address:

Telephone No. () _____
STD

Name of School:

Address: _____

Telephone No. () _____
STD

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 _____
Specify your country of Citizenship	

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.

EMERGENCY CONTACT

Name(s):			
Address:			
Phone No.	()	Relationship:	

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: