

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 study?		Emergency Contact Details (Only if enrolled on School Holiday Programs)	Name:	
			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 study?		Emergency Contact Details (Only if enrolled on School Holiday Programs)	Name:	
			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 study?		Emergency Contact Details (Only if enrolled on School Holiday Programs)	Name:	
			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 study?		Emergency Contact Details (Only if enrolled on School Holiday Programs)	Name:	
			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 long-term illness which may impact your study?		Emergency Contact Details (Only if enrolled on School Holiday Programs)	Name:	
			Contact:	

SCHOOL/REGISTRATION CONTACT DETAILS:

Full Name:		School:	
Position (STAR/Careers etc):		Phone:	
Email:			