



Hornby High School
Continuing Education Programme
Enrolment Form

180 Waterloo Road
Hornby
Christchurch 8042
Phone 349 396
Fax 349 5352
www.hornby.school.nz

Title (Circle one): Mr/Mrs/Miss/Ms

First Name _____ Surname _____

Address _____ Area code _____

Telephone numbers: Home: _____ Work: _____

Email: _____

The above personal data is for Continuing Education Department use only and is not given out to other individuals or organizations.

Please circle the appropriate information
The following information is collected for Ministry of Education statistical purposes only.

Gender	Male	Female		
Age	16-19 20-29 30-39	40-49 50-59	60 or over	
Ethnic group	Pakeha/NZ European/European	Maori		
	Pacific Island Asian	Other		

I wish to enrol for the following course(s) (Please print):		Fees payable
Course Number _____	Course Name _____	
Course Number _____	Course Name _____	
Course Number _____	Course Name _____	
Total Fees		

Payment of \$ _____ by cash/cheque or direct credit

Our bank details are as follows: Hornby High School account 030855 0333812 00

Please add as reference your surname and the course. Eg. Smith Dressmaking Wednesday

For office use only

Amount Paid: _____ Cash/Cheque/Direct Credit _____
Receipt Number: _____ Date: _____