



Hornby High School

Continuing Education Programme

Enrolment Form

180 Waterloo Road
 Hornby
 Christchurch 8042
 Phone 349-5396
 Fax 349-5352
 www.hornby.school.nz

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

First Name: _____ **Surname:** _____

Address: _____

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 organisations.

Please tick the appropriate boxes:

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		

Course Number _____ Course Name _____

Course Number _____ Course Name _____

Course Number _____ Course Name _____

Payment of \$ _____ **by cash / cheque / credit card* is enclosed**

***Credit card details:** Visa Mastercard Expires _____ / _____

Card holder's name: _____ **Signature** _____

Card number

Please sign the following: *I declare that I qualify to enrol in the Hornby High School Community Education Programme because I meet the Government requirements as outlined on page 2 of this prospectus.* **Signature:** _____

For office use only	Contact Y	Amount Paid: _____	Cash / Cheque / Card
	N	Receipt Number: _____	Date: _____