



Application for Enrolment

Please complete this form and return it to:

Queen Elizabeth College, P O Box 4047, Rangitikei Street, Palmerston North

Student Surname _____

First Name(s) _____

Sex _____ (M/F) Date of Birth _____

Address _____

Name of Parents/Caregivers:

Dr/Mr/Mrs/Ms _____

Dr/Mr/Mrs/Ms _____

Phone (H) _____ Fax _____ Phone (W) _____ Fax _____

Student's present school _____

Application for Year 9 Year 10 Year 11
Year 12 Year 13 Adult *

If you are interested in Whanau Reo Rua, please tick

For further enquiries, please contact the school office – Phone (06) 3589033, Fax (06) 3584156.
A letter of acceptance of enrolment will be sent to you on receipt of application.

* Must be over 19 as at 1 January 2004

If you have enrolled at another College as well as Queen Elizabeth College, please indicate:

I have enrolled at _____

SIGNATURE OF CAREGIVER: _____ DATE: _____