



APPLICATION FOR ENROLMENT

Please complete this form and return to:

Queen Elizabeth College
PO Box 4047
Rangitikei Street
PALMERSTON NORTH 4442

Student Surname: _____ Date of Birth: _____

First Name(s): _____ Sex: M/F: _____

Ethnicity: _____ Iwi Affiliation: _____

Address: _____ Postcode: _____

Name of Parents/Caregivers:

Dr/Mr/Mrs/Ms: _____ Phone: (H) _____

Work: (W) _____

Mobile: (M) _____

Email: (E) _____

Dr/Mr/Mrs/Ms: _____ Phone: (H) _____

Work: (W) _____

Mobile: (M) _____

Email: (E) _____

Student's present school: _____

Application for (please tick):

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | <input type="checkbox"/> Reo Rua (Years 9 & 10) |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 13 |
| <input type="checkbox"/> Adult (Must be 19 as at 1st January 2013) | | <input type="checkbox"/> Service Academy |

For further enquiries please contact the school office - (06) 358 9033

If your son/daughter has enrolled at another College as well as Queen Elizabeth College, please indicate:

My child has also enrolled at: _____

Signature of Parent/Caregiver: _____ Date: _____