



# 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: \_\_\_\_\_