



BIRKENHEAD COLLEGE

COMMUNITY EDUCATION ENROLMENT FORM

your details...

Surname: _____ First Name: _____

Address: _____

Home Ph: _____ Work Ph: _____

The Ministry of Education requests this information for statistical purposes: *(Please tick appropriate boxes.)*

Sex: Male Female

Age: 16-19 20-29 30-39 40-49 50-59 60+

Ethnicity: Maori Pacific Is. Asian European Other

Are you a permanent New Zealand resident? Yes No

course details...

View course information

code	day	course title	fee

credit card payment details...

Type: Visa Mastercard Expiry Date: _____

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If not paying by credit card please post this completed form with your payment to: Private Bag 34 911, Birkenhead, Auckland

PRIVACY ACT 1993: I/We here by acknowledge and authorise Birkenhead College to collect, store, use and disclose the information provided on this form (which is correct and accurate) for the purposes of enrolment.

**Course fees ALREADY include a \$15 non-refundable administration charge.
Refunds WILL NOT be considered after a course has commenced.**

Your Signature: _____ Date: _____

Have you ever enrolled here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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