
HIGH SCHOOL ENDORSEMENT FORM

Applicant's name

Name of contact
at school

Signature Date

Required documentation

- Current Record of Learning attached

School stamp

_____ (school) accepts that this enrolment with the
CTC will mean a dual enrolment at both CPIT and respective secondary school as set out by the Ministry of Education.

Signed (Principal/Delegate)

Name

Date

Please post to:

Canterbury Tertiary College
PO Box 540
Christchurch 8140

STUDENT APPLICATION TO ENROL FOR SEMESTER 2, 2011

Information supplied on this form is required to complete an enrolment at CTC and for Ministry of Education statistics. We will not be able to complete the processing of your enrolment until this form is fully completed with the necessary documentation.



Please post to:

Canterbury Tertiary College
PO Box 540
Christchurch 8140

Please complete ALL sections of this form.

PERSONAL DETAILS

CTC Student ID (if known) National Student Identity (NSI) or NZQA No. (if known)

Legal surname Title Mr Mrs Ms Miss Other

Legal first names Gender F M

Preferred name Date of Birth Day Month Year

Previous name (if different)

Home address (Results will be sent to your home address unless otherwise advised)

 Alternative address (while studying)

Phone number Home Work Phone Number Home Work

Mobile Fax Email

Please advise your preferred method of contact - eg phone/email

PARENT/WHANAU CONTACT DETAILS

Name Mobile

Phone number Day Night Address

Relationship to you/student

CITIZENSHIP

It is a Ministry of Education requirement that you MUST provide a verified copy of your birth certificate, passport or other evidence of permanent residency to verify your status as a domestic student. Please refer to the Enrolment Guide.

NZ Citizen NZ Permanent Resident Australian Citizen or Permanent Resident Other

If Other, write down your country of citizenship

(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)

ETHNICITY

With which of the following ethnic groups do you identify? (You may tick or specify up to three boxes.)

NZ European/Pakeha Niuean Chinese Other Pacific Island Please specify

New Zealand Māori Samoan Australian Other Asian Please specify

Cook Island Māori Tokelauan British Other Please specify

Fijian Tongan Indian

For New Zealand Māori, please identify your Iwi. (You may list more than one.)

MEDICAL DETAILS

Do you have a medical condition you want the CTC to be aware of? YES NO

If YES, please specify

Do you have an impairment, long term injury, specific learning disability, chronic illness, mental health condition, or are you deaf?

YES NO

If YES, please tick one of the following categories. (The Disability Coordinator will contact you with information about the support that is available.)

Mobility Vision Hearing Learning Speech Other

GP Name GP Phone number

In an emergency, do you need help to evacuate the building? YES NO

PROGRAMME DETAILS

Please select the programme you wish to enrol in:

Essential Carpentry Skills Certificate in Elementary Plaster Board Skills Level 3

Certificate in Pre Trade Painting & Decorating Level 2 CPIT Certificate in Elementary Masonry Skills Level 2

STATISTICAL INFORMATION

What is the last secondary school you attended? (State "overseas" if applicable) In what year did you leave?

What is the highest level of achievement you hold from secondary school? (Tick one box only)

No formal or secondary qualification NCEA 1 or School Certificate in one or more subjects NCEA 2 or Sixth Form Certificate in one or more subjects

NCEA 3 or Entrance qualification from Bursary exam A or B Bursary or National Certificate at level 3 University Scholarship

University Entrance or National Certificate at level 2 Overseas qualification (includes International Baccalaureate) Higher School Certificate

Other (Please specify if none of the above)

What was your MAIN activity or occupation as at 1 October last year? (Tick one box only)

Secondary school student University student Wananga student Polytechnic student

Registered unemployed or other beneficiary (excluding retired, eg DPB, sickness) College of Education student Wage or salary earner Self employed

House person or retired Overseas (irrespective of occupation)

Will this be the first year you have ever enrolled in an Institute of Technology, University, Polytechnic, College of Education, Private Training Establishment or Wananga, either in New Zealand or overseas since leaving school? Do not include enrolments in community, STAR, or hobby classes.

YES NO If you answered NO, please enter the year of your first enrolment

IMPORTANT - PLEASE READ CAREFULLY

DECLARATION & COMPLIANCE WITH THE PRIVACY ACT 1993

Privacy: CTC collects and stores information from this form to comply with the requirements of the Ministry of Education (funding and student statistical returns) and other third parties, including high schools and parents/guardians. In signing this registration/enrolment form you authorise such disclosure to third parties on the understanding that CPIT will observe the general conditions governing the release of information, as set out in the Privacy Act 1993. Please refer to the CTC Student Handbook for full details. CTC collects and stores information from this form to keep you advised about programmes, courses and services available at CPIT.

National Student Index Number: Please note that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see www.nsi.govt.nz/ima

Rules: In signing this Application to Enrol you undertake to comply with CTC's academic policies and procedures and other rules and regulations. Should CTC receive insufficient numbers for the programme to run, you accept CTC will be obliged to cancel the programme and will not be liable for any non-fee related costs incurred by you.

Declaration: I declare that to the best of my knowledge all the information supplied on and with this Application to Enrol is true and complete. I agree to abide by the conditions outlined in the CTC Student Handbook and I consent to the disclosure of personal information as described above. I understand that if I have supplied false information or do not comply with the rules and regulations of CTC, my enrolment may be cancelled. I undertake to protect my PIN and password from improper use; in particular, I declare I will not disclose my PIN and password to any third party.

ID Documents provided Signature Date

Record of Learning provided Parent/Guardian Signature Date

