

Aorere College Adult & Community Education

ENROLMENT FORM

To:

Aorere College Community Education
PO Box 23-084
Hunters Corner
Manukau 2155
AUCKLAND

Selfs Road off Portage Road

Papatoetoe

Tel: 279 0671

Fax: 279-0640

Email: Acecoordinator@aorere.ac.nz

**COURSE ID/
NAME:**

Start Date:

1 **Surname:**

First Name:

2 **Address:**

3 **Home Phone:**

Bus. Phone:

Mobile:

4 **Email:**

We are required to provide information / statistics for Government purposes – Please Tick

5 **Gender:**

Male

Female

6 **Is English your first language?**

Yes

No

7 **What is your age group?**

Under 16

16–19

20–29

30–39

40–49

50–59

60+

8 **How did you know about this course?**

Newspaper

Web

Friend

Brochure

Other

(specify):

9. **Are you a citizen / permanent resident of NZ (or the Cook Islands, Tokelau, Niue or Australia)?** Yes

No

10 **Ethnic Origin:** (Please enter '1' for the ethnic group you most strongly identify with, and tick any others that apply)

NZ Māori

Pākehā / NZ

Pasifika

Asian

Other

European

(specify):

11 **HIGHEST Level of Education Completed:**

Primary

Intermediate

School C

6th Form

UE

Tertiary

Other

(specify):

Preferred Payment Method:

Cash

EFTPOS

Cheque

Other (specify):

Please send me information about community education

Signature:

Date:

Admin Only:

Fee:

Venue:

Learner ID: