



FOR O	FFICE US	E ONL	Y S	tudent	ID Numb	oer		

Enrolment Otago Secondary-Tertiary College

1) Programme Options Please tick one.	With which ethnic group(s) do you identify?
DUNEDIN: Automotive Construction L2 Construction L3 Introduction to Engineering L2 Health Care L3 Cookery L3 Salon Skills Sports, Exercise & Health L2 Manaaki Tauira CENTRAL:	(you can tick up to 3 boxes) If you are NZ Māori, state ALL Iwi to which you affiliate. NZ European/Pākehā NZ Māori Iwi -
Automotive Bicycle Mechanics Construction L2 Construction L3 Cookery L3 Health Care L3 Manaaki Tauira Primary Industries	lwi -
2) Personal Details Please print your legal name in full.	☐ British/Irish ☐ Dutch
Family name	Greek Polish
Given name(s)	South Slav
If you are not commonly called by your legal given name what do you prefer to be called?	Italian German
Preferred given name	Australian
What is your date of birth? (e.g. 01/07/1995) / /	Other European (please specify)
What is your gender?	Samoan
Have you been enrolled previously at Otago Polytechnic?	Cook Island Māori
Previous family name(s)	Tongan Niuean
Previous given name(s)	Tokelauan Fijian
	Other Pacific Peoples (please specify)
3) Citizenship and Ethnicity	
New Zealand citizen (including Cook Islands, Tokelau, or Niue) New Zealand permanent resident	Filipino Cambodian Vietnamese
Australian Citizen or Permanent Resident Other	Other Southeast Asian (please specify)
4) Contact Details	Chinese
Home Address Town/City	Indian Sri Lankan
Telephone (0) Cellphone	Japanese Korean
Email Address	Other Asian (please specify)
School Name Town/City	
EMERGENCY CONTACT In an emergency, who do you want us to contact?	☐ Middle Eastern ☐ Latin American ☐ African
Name Relationship (e.g. friend, mother, whānau)	Other (please specify)
Home Telephone (0) Cellphone	
5) NSI Number (if known)	
NZ Qualifications Authority (NZQA) or National Student Index (NSI) Registration Number: (please provide below)	
	FOR OFFICE USE ONLY
	NSN Checked / / 20
Please see reverse side of this form to complete your enrolment details.	Validation Checked ☐ Active ☐ Partial ☐ No Number
FOR OFFICE USE ONLY	
DEGISTRATION PROCESSED BY: ENDOI MENT PROCESSED BY:	DATE STAMP

REGISTRATION PROCESSED BY:	ENROLMENT PROCESSED BY:	DATE STAMP		

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6) Learning Support (Thi	s information is confidential unless you cho	ose to share it with others)		
Do you live with the effects of sign	nificant injury, long term illness or disability?			
Please specify the type of injury, i		N/Mahility	□ Vision	Changh
☐ Deaf ☐ Blind		al/Mobility Hearing	Vision	Speech
☐ Temporary Impairment	Medical (Please specify)			
Specific Learning	Other (Please specify)			
In an emergency, would you requ	ire help to leave the building?			
☐ Yes ☐ No	If "Yes" please give details:			
Is English your first language?				
Yes No	If "No" please specify what language	you speak best:		
Are you taking any prescription m	adication?			
Yes No	If "Yes" please give details:			
7) Required Information				
What year will you be at school in	2019: Year 11 Year	12 Year 13		
	certificate or passport so we can verify you			
What is the highest award you ho				
☐ 14 or more credits at any leve	<u>-</u>	Level 2 NCEA Level	☐ No form	nal secondary school qualification
8) Student Signature an	d Declaration			
me. I authorise the Otago Second whānau, parents/caregivers.	agree to abide by the rules of the Otago Se dary-Tertiary College to disclose information	about assessments, attendance		
, 0	st out of their learning time with us, therefor	,		
	guidelines. Do not use equipment that you a aff. There is a zero tolerance policy to bullyir		use only in the pre	esence of a staff member.
 Absolutely No Smoking. 	an. There is a 2010 tolerande policy to bully in	·9.		
	Opm (excluding travel) and you are required	d to attend every Friday in order	to gain the credit	ts. If your attendance falls off at
	may be removed from the programme. appropriately and respectfully. Remember i	t may be a future employer that	is talking to you.	
Where applicable, protective	e safety clothes are to be worn for all practic	cal sessions and field trips. Fold	ers, boots, overal	
	o home for a wash at the end of each term. sions or field trips. No exceptions.	Please note, if you do not have	the correct safet	y clothes on you will not be allowed
Do not bring, use or be und	er the influence of drugs or alcohol. If we ha			ence, you will be returned to
school and if evidence supp	orts the suspicion you will be removed from	n the OSTC programme perman	ently.	
	// 20 DATE	SIGNATURE		
	DAIL	OIGIVATOTIL		
		I acknowledge this enro	olment as Legal P	Parent or Guardian (co-sign):
		NAME		
	// 20			
	DATE	SIGNATURE		

9. Tell us about yoursell and now y	our OSTC course hits in with your study
Why do you want to attend Otago Secondary Tertiary College?	
What interests you about this programme?	
Have you gained any experience in this field?	
What is your preferred career pathway or next steps after completing this programme?	
How will OSTC fit in with your commitments at school?	

10. Media Consent

Name

Thank you for agreeing to participate in future promotions of Otago Polytechnic. Signing this form indicates that you understand the purposes for which your image (photo or video), name and/or statements will be used.

I give permission for Otago Polytechnic to use my photo, video, artwork, name, and or profile for promotional purposes. These may appear in (but not limited to) print publications, online videos, websites and other material aimed at promoting Otago Polytechnic, Polytechnic education and New Zealand as an educational destination. The term of the licence is in perpetuity and the territory is worldwide.

I am not aware of any circumstances which might mean that the use of my image by Otago Polytechnic has the potential to adversely affect the reputation of the Polytechnic.

I understand that I have the right to delete my file at any time. Otago Polytechnic will use discretion when using any of the above and will not discredit you in any way.

Course/Programme area	
Phone Email	
Signed	Parent/Guardian signature if under 18
I have read this consent form and agree to the terms and conditions as written above.	I have read this consent form and agree to the terms and conditions as written above.
Date	Date
CHECKLIST: Have you attached a copy of your birth certificate or passport? Has your Parent or Guardian signed the Behavioural Contract and Media Consession Please check that you have completed the all the sections of this form. 11. School Comments/Endorsement – to be completed by teaching	
(Cover aspects of student's workload management, how this programme will fit student may require.)	t in with school programme and any issues, extra support or help this