

Wairarapa College Community Education Enrolment form

Code No. Class Name:

Code No. Class Name:

Code No. Class Name:

Code No. Class Name:

Surname:

First names:

Address:

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Home Phone No. Work Phone No.

Email Address:

Ethnic Group (please tick):

Maori NZ European/Pakeha Asian Polynesian

Other: Please specify

Age Group (please tick):

Under 15 16-20 21-30 31-40 41-50

51-60 Over 60

Comments:

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