

CASHMERE HIGH SCHOOL ACE ENROLMENT FORM 2010

PLEASE READ COURSE INFORMATION BEFORE ENROLLING & PRINT CLEARLY
 Enrolments with payment must be received at least one week prior to commencement of course

Surname: _____ First Name: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

For Statistical Purposes Only: Gender: Male Female
 Age: 16-19 20-29 30-39 40-49 50-59 60+
 Ethnicity: NZ European Maori Pacific Island Asian Other

Course Details:

Code	Subject	Instrument	Fee	Total

For office use only: Amount Paid _____ Cash/Chq Date Received
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I declare that I qualify to enrol in the Cashmere High School Adult and Community Education Programme because I meet the requirements as outlined under General Information in this brochure.

NB: See General Information section for Conditions of Refunds.

- To enrol:
1. Post completed enrolment with your cheque (made out to Cashmere High School) to address below **or**
 2. Deliver completed enrolment with cheque or cash to the School Office **or**
 3. Phone 337 4726 if currently on database

NB: No Credit Card Payment Options

Signature: _____

Adult and Community Education Programme
 Cashmere High School
 172 Rose Street
 Christchurch 8024