

REAP ENROLMENT FORM



Programme:

Contact Information

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Personal Information

The following statistical information is a requirement of both the Ministry of Education and the Tertiary Education Commission

Date of Birth: _____ **Gender:** Male Female

Ethnicity: Maori NZ European Pacific Islander Other _____

Residential Status: Permanent Resident NZ Citizen Other _____

First Language: English Maori Other _____

Education: Left School with some credits but no Complete Qualification
 School Certificate or NCEA Level 1
 UE or NCEA Level 2 or Higher Tertiary Qualifications

ID now required for both ACE and ILN:

ILN: Please copy ONE of the following:

Drivers Licence Birth Certificate Passport Firearms Licence

Proof of residency or citizenship required if not born in NZ

Yes I give permission to access my NZQA Record of Learning (ILN only)

NSN# _____

ACE: One of the above forms of ID SIGHTED Tutor to Initial _____

SIGN HERE _____ **DATE** _____