

Smart Paths/STAR Enrolment Form



Please complete all sections of this form.

Name of programme

PERSONAL INFORMATION *(legal names as shown on your birth certificate)*

Legal Family Name Known as (if different)
Legal First Names Known as (if different)
Date of Birth/Ra Whanau Gender Male/Tane Female/Wahine

ADDRESS DETAILS

CONTACT ADDRESS

Suburb Town/City
Phone: home (0) mobile (0)
Email

ETHNICITY / CITIZENSHIP

To which ethnic group(s) do you belong? *(You may tick up to three boxes which apply to you)*

New Zealander/European/Pakeha <input type="checkbox"/> 111	Niuean <input type="checkbox"/> 341	Other Pacific Peoples <input type="checkbox"/> 371
New Zealand Maori <input type="checkbox"/> 211	Samoan <input type="checkbox"/> 311	Chinese <input type="checkbox"/> 421
Cook Island Maori <input type="checkbox"/> 321	Tokelauan <input type="checkbox"/> 351	Indian <input type="checkbox"/> 431
Fijian <input type="checkbox"/> 361	Tongan <input type="checkbox"/> 331	Other <input type="text"/>

SECONDARY SCHOOL DETAILS

Name of your secondary school? What year? eg. Year 9

DISABILITIES AND MEDICAL CONDITIONS

The information below is confidential and will help us provide services for students with disabilities and/or medical conditions.

Do you live with the effects of significant injury, disability and/or medical conditions? Yes No

If you ticked 'Yes', please indicate.

Speech <input type="checkbox"/> cd	Hearing <input type="checkbox"/> hi	Vision <input type="checkbox"/> vi	Mobility <input type="checkbox"/> pd
Specific Learning <input type="checkbox"/> cl	Blind <input type="checkbox"/> bl	Deaf <input type="checkbox"/> df	Mental Health <input type="checkbox"/> mh
Asthma <input type="checkbox"/> as	Migraine <input type="checkbox"/> mi	Diabetes <input type="checkbox"/> di	Serious Allergy <input type="checkbox"/> sa
Epilepsy <input type="checkbox"/> ep	Cancer <input type="checkbox"/> ca		
Other <input type="checkbox"/>	<input type="text"/> ot		

DECLARATION

- I agree to abide by the rules outlined in the Bay of Plenty Polytechnic Student Regulations which are available on our website www.boppoly.ac.nz under Student Services, Learning Support, Student Regulations & Privacy Act.
- The purpose of collecting the information on this enrolment form is to allow the Bay of Plenty Polytechnic to function as a tertiary education provider. The Polytechnic will hold and use personal information about me in accordance with the Privacy Act 1993.
- I declare that the above information is true and correct.

SIGNED DATE / /

BAY OF PLENTY POLYTECHNIC

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the smart place to be