



WAIKATO INSTITUTE OF EDUCATION ENROLMENT FORM

1. PREVIOUS STUDY AT WIE

Have you studied at WIE before? Yes No

If yes, what year(s) did you study at WIE? _____

2. PERSONAL DETAILS

Family name: _____

First name(s): _____

Preferred name: _____

Date of birth: ___ / ___ / ___ Male Female
DD MM YYYY

Country of birth: _____

Are you an NZ Resident, Permanent Resident or Citizen? No Yes

Contact address in NZ: _____

Mobile: _____

Email: _____

Passport Number: _____

Which day(s) are you available to have class from 10 am to 12 pm? Monday Tuesday Wednesday Thursday Friday

3. EMERGENCY CONTACT DETAILS

Family name: _____

First name(s): _____

Relationship to you (i.e. mother): _____

Contact address: _____ Mobile: _____

4. DECLARATION AND SIGNATURE

1. I declare that the information set out in this application is correct and complete and I have not withheld any information.
2. I have read and understood WIE's Withdrawal and Refund Policy.
3. I agree to observe WIE's rules and regulations of conduct while studying at WIE. I understand that my enrolment may be terminated if I do not adhere to the rules and regulations.
4. I consent to WIE using photographic footage of me for future marketing purposes and internal distribution, e.g. Facebook, E-NEWS and flyers.
5. I consent to WIE providing information on this form to partner high schools, polytechnics, and universities if needed to assist in pathways to further study.
6. I understand that any personal information provided to WIE and my academic performance may be used for school-related purposes as required by protocols between schools and external agencies.

I have read, understand and agree to the above:

Signature of applicant: _____

(Signed by parents/guardian if applicant is under 18 years)

Date: ___ / ___ / ___
DD MM YYYY

Where did you hear about Waikato Institute of Education?

Friend/Relative Website Newspaper Past student Agent Other: _____

Waikato Institute of Education

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