

## NEW ZEALAND ENGLISH SUMMER April 2014 Enrolment Form

### PERSONAL DETAILS

Surname/Family Name : \_\_\_\_\_

Given Names : \_\_\_\_\_ Nick Name : \_\_\_\_\_

Date of Birth (day/month/year) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Passport Number : \_\_\_\_\_

Nationality : \_\_\_\_\_ Citizenship : \_\_\_\_\_

Home Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Mobile Number : \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Mobile Number : \_\_\_\_\_ Email: \_\_\_\_\_

### EDUCATION DETAILS

Which year are you studying ? M1\_\_\_\_\_ M2\_\_\_\_\_ M3\_\_\_\_\_ M4\_\_\_\_\_ M5\_\_\_\_\_ M6\_\_\_\_\_

Where do you study ? \_\_\_\_\_

How many years have you been studying English ? \_\_\_\_\_

### GENERAL INFORMATION

- Is this your first trip abroad ? ☐ yes ☐ no
- If no, where have you been ? \_\_\_\_\_
- For how long ? \_\_\_\_\_
- Are you allergic to animals ? ☐ yes ☐ no If yes, which kind ? \_\_\_\_\_
- Do you smoke ? ☐ yes ☐ no
- Are you a vegetarian ? ☐ yes ☐ no
- Are there any foods you do not eat ? ☐ yes ☐ no If yes, please explain : \_\_\_\_\_
- Do you have any mental disabilities, allergies, dietary or physical restrictions ?  
☐ yes ☐ no If yes, please explain : \_\_\_\_\_

Tick your interests

<input type="checkbox"/> Soccer	<input type="checkbox"/> Swimming	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Dancing	<input type="checkbox"/> Music
<input type="checkbox"/> Painting	<input type="checkbox"/> Drawing	<input type="checkbox"/> Photography	<input type="checkbox"/> Watching TV	<input type="checkbox"/> Reading	<input type="checkbox"/> Computers
<input type="checkbox"/> Stamp/Card collecting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Other			

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

Father ( \_\_\_\_\_ ) Mother ( \_\_\_\_\_ )

Learning Curve