

Debbie Cocks Co-ordinator, Aperfield Montessori Trust
303 Lyttelton Street, Spreydon, Christchurch 8024. Phone: 03 942 3697

<p>I wish to apply for</p> <p>Book 1 <input type="checkbox"/> Book 2 <input type="checkbox"/> Book 3 <input type="checkbox"/> Book 4 <input type="checkbox"/> Module <input type="checkbox"/> in 20__</p> <p>Do you expect to complete all academic requirements in order to graduate within the specified timeframe (Note timeframe in the Prospectus)</p>	<p><u>For Administrator to fill out:</u></p> <p>Date Invoices sent:</p> <p>Qual/Course Start Date:</p> <p>Qual/Course End Date:</p> <p>Tutor:</p> <p>Student ID Number:</p>
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1. Name: Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:			
First Names:		Last Name:	
(Underline preferred name)			
3.1 Postal Address: Post Code:		3.2 Work Place: Address: Post Code Position Title:	
4. Date of Birth:			
day	month	year	5. Gender Male Female
6.2 E-mail Address:			
6.3 Cell phone number:		()	
7 Prior Activity: What was your MAIN activity or occupation in New Zealand at 1 October 2015?			
You may tick only one box below.			
Secondary school student	<input type="checkbox"/>	<input type="checkbox"/>	Non-employed or beneficiary (excluding retired)
Wage or salary worker	<input type="checkbox"/>	<input type="checkbox"/>	Self-employed, Wage or salary worker
College of Education Student	<input type="checkbox"/>	<input type="checkbox"/>	University student
Wānanga student	<input type="checkbox"/>	<input type="checkbox"/>	Polytechnic student
Overseas (irrespective of occupation)	<input type="checkbox"/>	<input type="checkbox"/>	House-person or retired
	<input type="checkbox"/>	<input type="checkbox"/>	Private training establishment student

I declare that I hold the identity of the person named above.

Date:

GST No: 60-398-224