

STAR ELIGIBLE COURSE APPLICATION FORM

This application form can be filled out and fax or posted to Vision College. Alternatively you can register students simply by email.

Name of School: _____

Course Title: _____ **Date:** _____

Star Co-ordinator name: _____

Name of Student: _____

Age: _____ **Year Level:** _____

Gender: _____ **Ethnic Group:** _____

Hook On Number: _____ **Phone (home):** _____

“At Risk”? _____

Name of Student: _____

Age: _____ **Year Level:** _____

Gender: _____ **Ethnic Group:** _____

Hook On Number: _____ **Phone (home):** _____

“At Risk”? _____

WAITING LIST

(This Waiting List can be used if you have students interested in a course, but have not received their completed permission slips, etc.)

Surname	First name	Age	Year Level	Gender	Ethnic Group	Hook On Number

KEY

Ethnic Group	Define in terms of NZ Maori, NZ European, Pacific Islander, Asian, Other
Year Level	Students year level at school – ie. Year 12
“At Risk”	Does the student have a lack of social skills/ reading & writing skills, attitude problem that may place them “at risk” of dropping out of school at an early age or becoming long term unemployed?

Send completed application form to:

Christchurch:
 Fax: (03) 366 9271
 Post: Vision College, 334 Manchester St, Christchurch 8013
 Or email enrolments to: star.info@visioncollege.ac.nz

Hamilton:
 Fax: (07) 853 0223
 Post: Vision College, 21 Ruakura Road, Hamilton 3216
 Or email enrolments to: hamilton@visioncollege.ac.nz