

**PAPANUI HIGH SCHOOL CONTINUING EDUCATION
BOX 5220 PHONE 352-0701 FAX 352-0707**

GST 15-029-205

SURNAME _____ GIVEN NAME _____ PHONE (Home) _____

ADDRESS _____ (Work) _____

Are you a New Zealand/Australian Resident: Yes No (Mobile Phone.) _____

Email: _____

CLASS CODE	SUBJECT	START DATE	TIME	COST

CASH CHEQUE ON LINE MASTERCARD VISA

CARDHOLDER'S NAME _____ CARD EXPIRY DATE _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

SIGNATURE _____

I have read the refunds policy

GOVERNMENT STATISTICS (Please Tick)

GENDER

M 60+ 50+
 F 40+ 30+
 20+ 16-19

ETHNICITY

Pakeha/European Maori
 Pacific Island _____ (specify)
 Asian _____ (specify)
 Other _____ (specify)