



Community Partnership Course Information

Arts Integrated and ACE

Student Information

Full name: _____

Address: _____

Mobile: _____ Email: _____

Parent/Support Staff mobile: _____

Parent/Support Staff email: _____

Emergency Contact

Emergency contact [1]: _____

Relationship [1]: _____

Emergency contact [2]: _____

Relationship [2]: _____

Support (if required)

Name/s of support person[1]: _____

Method of travel to class: _____

Person responsible: _____

Phone number: _____

Still Attending School: Yes No

If yes, please supply name of the school: _____

Current Experience of the Arts: _____



Support Requirements (If any – ie will a one-on-one support person also be attending class):

Any medical conditions or behavioural traits we should be aware of that might affect the smooth running of the class:

Additional information to help us manage this: _____

Anything else you'd like to share, in order to meet your needs? _____

Course Selection

What course do you want to enrol in:

Please tick the course you would like to enrol in

- | | |
|--|--|
| <input type="radio"/> Circus Course (New Brighton) | <input type="radio"/> Art & Design Context in partnership with Ara |
| <input type="radio"/> The Creative Club | <input type="radio"/> Performing Arts Class (Rolleston) |
| <input type="radio"/> Performing Arts Movement - Dance | <input type="radio"/> Performing Arts Class (Papanui) |
| <input type="radio"/> AIM - Arts Integrated Music | |

Please tick whether you would like the 40-week (4 ten-week terms) or 32-week (4 eight-week terms) option:

- | | |
|-------------------------------|-------------------------------|
| <input type="radio"/> 40-week | <input type="radio"/> 32-week |
|-------------------------------|-------------------------------|

For ACE Partnership Statistical Reasons Only:

Date of birth: / /

Age:

Gender: F / M / Other

Ethnicity:

Is English your first language (circle): Yes No

Education details

Any qualifications (circle): Yes No

If yes, highest qualification achieved:

Country achieved (if not NZ):



Residency

- NZ Citizen or
 NZ Resident
 Migrant
 Refugee

What year did you arrive in NZ? _____

Verification

- NZ Citizen: NZ Resident:
 Birth Certificate or Passport or
 Passport or NZ ID card
 verified NSN or NSN (National Student Number
 Real Me if known or we can check)

By Arts Integrated (Name):

Signature:

Date: / /

Arts Integrated Image Release / Consent Form:

I _____ (full name) give permission to use my story, photographs or DVD filming for all the publications and advertisements relating to Arts Integrated.

It may be used many times in books, reports, newspapers, brochures, DVD's or on the internet, e.g. Facebook.

My Name:

Date:

Address

Signature

Where required the parent or support person assist with decision making as follows:

I am the parent/legal guardian of the individual named above, I have read this image release / consent form, understand and approve of its terms. I hereby grant Arts Integrated the permission to use my photographic image in any form of media.

My Name:

Date:

Address

Signature

Please note that all information will be kept confidential

Thank You!