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| **Enrolment Form** |
| Please Email to: jim.chen@teg.ac.nzContact Person: Jim ChenPhone: 021-028-72703Enrolment due date: 08/11/2020 |
| Name |  |
| School |  |
| Day of birth |  |
| Gender |  |
| Email |  |
| Emergency contact person and phone number |  |
| Allergies |  |
| Medical conditions |  |
| Insurance policy |  |