

STUDENT DETAILS:				
Last Name:		Home Phone:		
First Name:		Fax:		
Address:		Cell Phone:		
		Email:		
		Date of Birth:		
		NZQA / NSN #:		
		Gender:	Male	Female
ETHNIC ORIGIN: (Please tick) ✓ European/Pakeha <input type="checkbox"/> Tongan <input type="checkbox"/> NZ Maori <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Asian <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Indian <input type="checkbox"/> Niuean <input type="checkbox"/> Other <input type="checkbox"/> Tokelauan <input type="checkbox"/> Fijian <input type="checkbox"/>				

SCHOOL DETAILS:		
School Name:		
Address:	Phone:	
	Fax:	
	Contact Name:	
	Position:	
	Email:	

Terms and Conditions:

Please tick (✓) the options required:

Credits are to be reported by ATTTO for the unit standard(s) listed below:
 Cost: \$2 per credit.
 Unit standard(s): _____

The ATTTO Assessor is required to assess the unit standard(s) listed below:
 Cost: Assessment is charged in 30minute blocks of \$37.50.
 Unit standard(s): _____

ATTTO will invoice the school for the requirements selected above. The unit standard(s) will be entered into the NZQA framework following payment of the invoice.

Signed:	Date:
<p><i>Please complete and return this form along with any assesment documentation to:</i></p> <p><i>Customer Service Coordinator</i></p> <p><i>ATTTO, P O Box 6466, Wellington 6141</i></p>	

ATTTO Office use			
Invoice No:	NZQA Hookon Required	Certificate Required	CSC Initials & date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>