



BLUE MOUNTAIN COLLEGE

West Otago, New Zealand

International Student Enquiry

Student's Name (Family Name) _____ (Given Name) _____

Date of Birth: _____

Gender: Male/Female

Nationality: _____

Father's Name (Family Name) _____ (Given Name) _____

Mother's Name (Family Name) _____ (Given Name) _____

Home Phone: _____

Fax: _____

E-Mail: _____



For more information fax this to:

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OR

Email

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