Kalandra Education Group Gateway Student Information Sheet



School:

Contact:

Email:

Contact number:

(please add more lines as required)

| Student First Name | Student Surname | Student Email Address | NSI Number | Date of Birth | Ethnicity (statistics) |
|--------------------|-----------------|-----------------------|------------|---------------|------------------------|
|                    |                 |                       |            |               |                        |
|                    |                 |                       |            |               |                        |
|                    |                 |                       |            |               |                        |
|                    |                 |                       |            |               |                        |
|                    |                 |                       |            |               |                        |
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|                    |                 |                       |            |               |                        |
|                    |                 |                       |            |               |                        |



Kalandra Education Group 2020 Gateway Order Sheet

School:

Contact:

Email:

Order number:

Contact Number:

(please add more lines as required)

| Student Name | Unit Standards Required | Date required by | Level | Number of credits | Cost |
|--------------|-------------------------|------------------|-------|-------------------|------|
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       |                   |      |
|              |                         |                  |       | Total Cost:       |      |

## Office Use only:

| Processed By:         | Date: | Into system: Yes / No  | Date: |
|-----------------------|-------|------------------------|-------|
| Logins generated by:  | Date: | Logins sent to school: | Date: |
| Invoice completed by: | Date: | Invoice sent:          | Date: |