



GUMALA ABORIGINAL CORPORATION

6.2

SECONDARY EDUCATION

Registration Form

CHILD'S NAME: _____

DOB: ____/____/____ Language Group: Banyjima Innawonga Nyiyaparli

SECONDARY SCHOOL: _____ YEAR: _____

RESIDENTIAL ADDRESS: _____

PRIMARY CAREGIVER: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

MOBILE: _____ HOME: _____ EMAIL: _____

MOTHER OF CHILD: _____

RESIDENTIAL ADDRESS: _____

MOBILE: _____ HOME: _____ EMAIL: _____

FATHER OF CHILD: _____

RESIDENTIAL ADDRESS: _____

MOBILE: _____ HOME: _____ EMAIL: _____

AUTHORITY TO RELEASE INFORMATION

As the primary caregiver of _____ (child's name) I give the

Signature: _____ Date: _____

Forward completed applications to: Fax: 08 9188 1845 Email: gac@gumala.com.au

Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	