



GUMALA ABORIGINAL CORPORATION

6.2

SECONDARY EDUCATION

Registration Form

CHILD'S NAME: _____

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

BIRTH CERTIFICATE PROVIDED: YES Certificate # _____ NO

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 Gumala Education Unit authority to liaise with the child's school regarding attendance, progress, the payment of compulsory fees and other expenditure on my behalf. I authorise Gumala Education Unit to take a photograph of the child for their records (should they require one).

Signature: _____ Date: _____

Forward completed applications to: Fax: 08 9188 1846 Email: gac@gumala.com.au

Office Use Only

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|-----------------------|-----------|
| Date received: _____ | By: _____ |
| Comments: _____ | |
| Date processed: _____ | By: _____ |
| Comments: _____ | |