



# GUMALA ABORIGINAL CORPORATION

6.3

## TERTIARY EDUCATION

### Registration Form

MEMBER/CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Language Group:  Banyjima  Innawonga  Nyiyaparli

BIRTH CERTIFICATE PROVIDED: YES  Certificate # \_\_\_\_\_ NO

TERTIARY INSTITUTION: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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](mailto:gac@gumala.com.au)

#### Office Use Only

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

Date processed: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_