

EDUCATION INFORMATION FORM



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CHILD'S NAME: _____

DATE OF BIRTH: ____/____/____

Please attach copy of Birth Certificate – *If you do not have one Gumala can assist you*

SCHOOL: _____

RESIDENTIAL ADDRESS: _____

PRIMARY CAREGIVER: _____

RELATIONSHIP TO CHILD: _____

RESIDENTIAL ADDRESS: _____

CONTACT NO: _____

MOTHER OF CHILD: _____

RESIDENTIAL ADDRESS: _____

CONTACT NO: _____

FATHER OF CHILD: _____

RESIDENTIAL ADDRESS: _____

CONTACT NO: _____

OTHER COMMENTS: _____

Please forward your fully completed Form to:

Member Services Unit, Gumala Aboriginal Corporation, PO Box 61, TOM PRICE, WA 6751

PH: 1800 486 252 (1800 GUM ALA) / 08 9188 1845 / FAX: 08 9188 1846

EMAIL: memberservices@gumala.com.au - the SUBJECT HEADING must include the following:
YOUR NAME, EDUCATION INFORMATION FORM