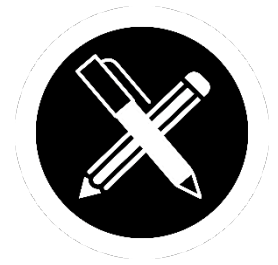




GUMALA ABORIGINAL CORPORATION STUDENT REGISTRATION FORM



Student/Child's Name: _____ DOB: ___/___/___

Language Group: Bunjima Yinhawangka Nyiyaparli

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Name of School: _____

Birth Certificate provided: YES NO

***Please Note:** Your child will not be registered for education assistance unless an education registration form is completed and birth certificate is provided.*

Name of Parent (Member): _____ DOB: ___/___/___

Residential Address: _____

Contact Number: _____ Email: _____

Signature: _____ Date: _____

Alternative Carer (If different from above): _____

DOB: ___/___/___ Relationship to Child: _____

Contact Number: _____ Email: _____

Residential Address: _____

Signature: _____ Date: _____

***Please Note:** This person will have access to this child's information, to direct education funds and will have authority to sign any related forms until we are advised otherwise.*

AUTHORITY TO RELEASE INFORMATION

As the [parent / legal guardian / person exercising parental responsibility] of the above child, I give permission to the Gumala Member Services Team to liaise with the child's school on my behalf where necessary regarding attendance/enrolment records and the payment of any fees, school lunches, uniforms and other expenses incurred through the school.

Signature: _____ Date: _____