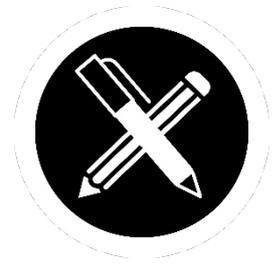




GUMALA ABORIGINAL CORPORATION STUDENT REGISTRATION FORM



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

Language Group: Banjima 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 a student registration form is completed and a 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: _____