

Application Form



WESTERN AUSTRALIAN
COLLEGE of AGRICULTURE
Cunderdin

Filling this form does not entitle this student to attend WA College of Agriculture Cunderdin.

Student Details

Surname:	Residential Address:
Legal Surname:	
First Name:	
Second Name:	Postal Address (if different from above):
Preferred Name:	
Gender:	Phone:
Date of Birth: / /	
Current Year Level & School:	Year enrolling at WACOA Cunderdin:
Does the student have an Australian Immunisation Register History Statement?	
Are there any Family Court orders regarding the care, welfare and development of the student?	
Is the student currently under suspension/exclusion from another school?	
Is the student a temporary resident?	
Does the student have a health or medical condition, disability or additional needs (provide details)?	
Is the student completing any National Training Package certificates or Units of Competence? What level?	
Name of any siblings who have previously or are currently attending the College:	

Parent/Guardian 1 Details

Title: Mr / Mrs / Ms / Miss	First Name:	Surname:
Occupation/ Workplace		
Mobile Ph:	Home Ph:	Work Ph:
Email Address:		
Mailing Address (if different from above):		

Parent/Guardian 2 Details

Title: Mr / Mrs / Ms / Miss	First Name:	Surname:
Occupation/ Workplace		
Mobile Ph:	Home Ph:	Work Ph:
Email Address:		
Mailing Address (if different from above):		

Please return this completed form to PO Box 132, Cunderdin WA 6407
or email to cunderdin.wacoa@education.wa.edu.au