

Application for Admission



WA COLLEGE *of* AGRICULTURE - HARVEY
An Independent Public School

CONFIDENTIAL AND OFFICE USE ONLY

Date Application Received: _____ School Report Received: Y / N
Confirmation Sent Out: Y /N

Please complete the below details and return it back to the College if you would like to attend a Tryout. It would be most appreciative if a copy of your child's last school report could be included with this form.

Students will be selected on the basis of an interview, previous school report and their performance at the Tryout. Successful applicants will be notified as soon as possible after the selection process.

STUDENT DETAILS

Name: _____
(CHRISTIAN/GIVEN NAMES) (PREFERRED NAME) (FAMILY NAME)

Date of Birth: ___/___/___ Place of Birth: _____

Year of Admission: _____ Academic Year: 10, 11, 12 Day or Boarding Student: _____
(PLEASE CIRCLE)

Current Year: _____ Present School: _____

MOTHER/FEMALE GUARDIAN

Title: _____ Name: _____
(CHRISTIAN/GIVEN NAMES) (FAMILY NAME)

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Contact Numbers: Home: _____ Mobile: _____

Business: _____ Email: _____

FATHER/MALE GUARDIAN

Title: _____ Name: _____
(CHRISTIAN/GIVEN NAMES) (FAMILY NAME)

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Contact Numbers: Home: _____ Mobile: _____

Business: _____ Email: _____

ANOTHER EMERGENCY CONTACT

Title: _____ Name: _____
(CHRISTIAN/GIVEN NAMES) (FAMILY NAME)

Contact Numbers: Home: _____ Mobile: _____

Relationship to Student: _____

MEDICAL CONDITIONS

Any Medical Conditions _____

Treatment: _____

Dose: _____ Frequency: _____

Medicare Number: _____ Private Health Fund: _____

MENTAL HEALTH ISSUES (THIS INFORMATION IS ONLY REQUIRED TO SUPPORT YOUR CHILDS WELLBEING)

Is your child currently under any mental health guidance or have there been any mental health issues in the past?

Yes No If you have answered YES - please state the reasons: _____

Is your child on any Management Plan

Yes No

- Risk Plan
- Health Plan
- Behaviour Plan
- Education Plan

Please supply the College with a copy of the selected plan.

Plan attached

CUSTODY/GUARDIANSHIP

Parent/ Guardian with whom student lives –(both parents / Mother / Father / Other–please specify):

Name of person (s) with legal custody/guardianship of the student: _____

Are there any custody issues? Yes No

If you have indicated YES to the above, please provide relevant documents, including court order

STUDENT INTERESTS IN COURSES AT THE COLLEGE

Area of studies: Agriculture / Trades
((PLEASE CIRCLE ONE))

Specify Interests in this area: (eg: Metals, Wood, Sheep, Equine etc:) _____

OTHER INTERESTS

Favourite Hobbies: _____

Favourite Sports: _____

Others: _____

HOW DID YOU HEAR ABOUT US?

Please indicate below how you became aware of the College and the courses on offer?

- Website
- Newspaper
- Personal recommendations/relatives
- Rural promotion (Elders/Countryman)
- Woolorama
- Local Shows
- Royal Show
- School Guidance Officer
- Staff at the WA College of Agriculture
- Word of Mouth
- Other (please specify

PARENT/GUARDIAN PERMISSION

1. I will supply the following information to the WA College of Agriculture, Harvey staff, regarding my son/daughter
(ie. medical, diet, special requests etc.) which is necessary for his/her welfare.

ACCEPTANCE OF THIS APPLICATION BY THE COLLEGE IS CONDITIONAL ON THE UNDERSTANDING THAT ALL HONEST, ACCURATE AND RELEVANT INFORMATION IS DIVULGED PRIOR TO COMMENCEMENT OF THE ENROLOMENT PROCESS. ALL INFORMATION GATHERED WILL BE TREATED AS CONFIDENTIAL AND IS REQUIRED FOR DUTY OF CARE.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

The following documents must accompany this application

- A Copy of my/our child' s last school report
- NAPLAN report
- Any other required documents