



WESTERN AUSTRALIAN
COLLEGE of AGRICULTURE

Morawa

An Independent Public School



ENROLMENT TRIAL

www.morawaag.wa.edu.au

Located at Waddilove Road MORAWA, WA 6623 Phone: 08 9971 1158 Fax: 08 9971 1334

EXPRESSION OF INTEREST

Student Name: _____

Date of Birth: _____

Male/Female: _____

Current School: _____

Previous Schools:
(please indicate year attended) _____

Students Mobile: _____

PARENT/GUARDIAN DETAILS

Mothers Name: _____

Fathers Name: _____

Address:
(specify town & postcode) _____

Telephone & Fax: _____

Mobile Number: _____

Email: _____

To attend the College in Year : 2016 2017 2018 2019 2020

To study: _____

How did you hear about the College? _____



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MEDICAL DETAILS

Student Name: _____

Date of Birth: _____

Age: _____

Address: _____

Parents/Guardians: _____

Phone: _____

Emergency Contact: _____

Medicare Number: _____

Private Health Insurance: _____

Date of last Tetanus Booster: _____

Allergies: _____

Glasses/Contact Lenses: _____

Medical History : (including but not limited too - asthma, allergies, diagnosed conditions eg ADD (whether medicated or not), anxiety, depression etc.)

Other: _____

Please return by Fax: 99711334
Or email: morawa.ac@education.wa.edu.au
Or mail: PO Box 15 Morawa WA 6623

T: 9971 1158
W: morawaag.wa.edu.au