

WA COLLEGE of AGRICULTURE

HARVEY

Excellence and Innovation in Agricultural Education



APPLICATION FOR ADMISSION

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Wokalup
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HARVEY WA 6220

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“An education at WA College of Agriculture—Harvey is more than preparing students for Jobs on Farms”

CONFIDENTIAL AND OFFICE USE ONLY

Date Application Received: _____ Interview Date/Time: _____
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: _____ HBF Number: _____

MENTAL HEALTH ISSUES (THIS INFORMATION IS ONLY REQUIRED TO SUPPORT YOUR CHILD' S WELLBEING)

Is your child currently under any mental health guidance or have there been any mental health issues in the past.
Yes / No (PLEASE CIRCLE)

If you have answered **YES** – please state the reasons: _____

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: _____

Is there any custody issues? **Yes** **No**
(PLEASE CIRCLE ONE)

If you have circled 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 etc)
- 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 am fully aware of the arrangements and give my permission for _____to stay and work at the WA College of Agriculture, Harvey for four days for with either a Tryout or Transition period.
2. I understand that the College reserves the right to send any “Try Out or Transition” student home, should the circumstances warrant this.
3. 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.
5. I give authorisation for my child to have staff directed student driver training and assessment p r o g r a m m e s in College vehicles during the trial if required.
6. I give authorisation for my child to participate in water activities during the trial programme with appropriately qualified staff if required. Approx swimming stage level _____(Please describe their abilities

7. I give authorisation for my child to be transported by staff between campuses and in and around the town areas in College vehicles both during and after hours.

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