



**APPLICATION FOR ENROLMENT  
FOR THE COURSE COMMENCING**

WESTERN AUSTRALIAN  
COLLEGE of AGRICULTURE  
*Morawa*

FEBRUARY \_\_\_\_\_ 20 \_\_\_\_\_

**PARTICULARS OF APPLICANT**

**SURNAME** \_\_\_\_\_

**GIVEN NAMES** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**Secondary Schooling**

| School Year        | Year Attended | School Attended |
|--------------------|---------------|-----------------|
| 8                  |               |                 |
| 9                  |               |                 |
| 10                 |               |                 |
| 11 (if applicable) |               |                 |

| Leadership Positions Held (eg School Prefect, Sporting Captain) |
|---|
|   |
|   |
|   |
|   |

| Hobbies and Interests |
|-----------------------|
|                       |
|                       |
|                       |
|                       |

| Plans on Completion of Agricultural Course |  |
|--|--|
| Return to Family Farm:                     |  |
| Seeking a position on a Farm:              |  |
| Other (give details):                      |  |
|  |  |

| Reason for Choosing an Agricultural Course |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

SIGNED (Applicant) \_\_\_\_\_ DATE \_\_\_\_\_

| PARTICULARS OF PARENT OR GUARDIAN |          |
|-----------------------------------|----------|
| Surname:                          |          |
| Given Names                       | (Father) |
|                                   | (Mother) |
|                                   |          |
| Occupation:                       |          |
|                                   |          |
| Postal Address:                   |          |
|                                   |          |
| Telephone:                        | Fax:     |
|                                   |          |
| Signed: (Parent/Guardian)         | Date:    |

PLEASE RETURN TO: WACOA - MORAWA  
PO BOX 15  
MORAWA WA 6623