

EXPRESSION OF INTEREST

(PLEASE PRINT CLEARLY)



NAME OF APPLICANT/STUDENT: _____

WESTERN AUSTRALIAN
COLLEGE of AGRICULTURE

Morawa

MALE FEMALE

CURRENT SCHOOL: _____

PARENTS/GUARDIAN DETAILS

FATHERS NAME: _____

MOTHERS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TO ATTEND OUR COLLEGE IN YEAR:

(PLEASE CIRCLE)

2004 2005 2006 2007 2008

HOW DID YOU FIND OUT ABOUT OUR COLLEGE:

OFFICE USE

First Contact:
Date:

Student suitable for enrolment:
Date Confirmed:

Information kit sent to Parents
Date:

Follow up if not heard from:
Date:

Enrolment Forms Returned:
Date:

Report Received:
Date:

Tryout Dates Requested from Parents:
Date:

Deposit Received:
Date:

Letter confirming Tryout
Date: