



Ballajura Community College Police Rangers

Enrolment Form 2017



(Information used for enrolment and statistical purposes by The College and CADETSWA)

Ranger's Full Name:	Surname:					First Name:				
Address:	Number and Street:					Suburb:				
Parent/ Guardian:	Full Name:				Relationship to Ranger:					
	Home Phone:		Work Phone:		Mobile:					
Ranger Details:	Date of Birth:	Age at June 30 2017:				Male or Female				
			12	13	14	15	16	17	18	<input type="checkbox"/> <input type="checkbox"/>
	Year 1st Commenced Rangers					2017 Home Room:	Rank: (Recruit for new rangers)			
	2017	2016	2015	2014	2013	2012	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
Personal Mobile					Best email contact:					
Ethnicity	Are you an Aboriginal or Torres Strait Islander?				Were You Born in a non English Speaking country?					
	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Disability	Do you have a diagnosed disability? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Medical details that may impact on training										

Parent/ Guardian:

I have read the information page and agree to support the management team in the maintenance of these standards (uniform, attendance etc.) I have disclosed relevant information for enrolment purposes and give permission for my child to enroll in the Ballajura Community College Police Rangers Unit.

Parent Name:	Parent Signature:	Date:
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Applicant:

I have read the information overleaf and undertake to attend the training sessions regularly, take good care of uniform and equipment and return all property should I leave the unit. I agree to conduct myself at all times in such a manner as to reflect credit upon myself, The Unit and The College.

Student Name:	Student Signature:	Date:
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