

Ballajura Community College Police Rangers



Enrolment Form 2024

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

WGE					
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 12	1 1 1	16 17 18	Male or Female	
	Year 1 st Commenced Rangers		2024 Home Rank: (A	ecruit for new rangers)	
		020 2019	Room:	C ,	
	Personal Mobile:		Best email contact:		
Ethnicity	Are you an Aboriginal or Torres Strait Islander? Yes No		Were You Born in a non-English Speaking country? Yes No		
Disability	Do you have a diagnosed disability? Yes No				
Medical	Please attach any specific medical plans or indicate if there are documented plans held by the				
details that	College:				
may impact					
on training					
Photo	Photos taken by the unit may be used for promotional purposes only. Do you give permission for				
permission	photos to be shared? Yes No				

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 enrol in the Ballajura Community College Police Rangers Unit.

Parent Name:	Parent Signature:	Date:

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:	