

STUDENT REGISTRATION FORM



STUDENT DETAILS

Full Name

Date of Birth

Home Address

Suburb

Postcode

Centrelink/NDIS Reference Number

Student Contact Phone

Student Email

Student ID Number

Emergency Contact Name

Relationship to Student

Emergency Phone

Emergency Email

Student's School Level in Year 2022

School Name

Teacher Contact or VET Coordinator

Teacher / Coordinator Phone

Teacher / Coordinator Email

2022 School Term (Please circle):

Term 1

Term 2

Term 3

Term 4

I speak English (Please circle):

Very Well

Well

Not Well

Minimal

I can read & write English (Please circle):

Very Well

Well

Not Well

Minimal



First Spoken Language

Ethnicity (optional)

Primary Disability or Condition / Secondary Disability or Condition Details:

Identified Support Needs for Learning:

Any Additional Information:

Dietary Requirements / Allergies:

I confirm I have read and accept EDGE Employment Solutions privacy policy available from: <https://edge.org.au/privacy-policy/>

SIGNED
(Student)

FULL NAME

DATE

SIGNED
(Guardian if student is under 18 years of age)

FULL NAME

DATE

For further information please contact us on
(08) 9286 6600 or **cufwenquiries@edge.org.au**