# DANDENONG HIGH SCHOOL

## SELECT ENTRY LEARNING PROGRAM

### APPLICATION FORM

**Student’s Name:**

[**FIRST NAME**]  [**MIDDLE NAME**]  [**LAST NAME**]

**Address:**

__________________________________________________________________________

__________________________________________________________________________

**Phone Number:**  _________________________(BH)____________________________(AH)

**Date of Birth:**  ________________________  **Gender:**  F / M  (please circle)

**Primary School in Year 6 (2015)**

__________________________________________________________________________

**Name of Parent/Guardian:**

__________________________________________________________________________

**Signature of Parent/Guardian:**

__________________________________________________________________________

Please state how you became aware of our Scholarship/Accelerated Learning Program:

- [ ] Primary School
- [ ] Local paper
- [ ] Friends
- [ ] Other (please state)

Will you send your child to Dandenong High School if they are not successful for the Select Entry Learning Program?  YES  NO  Please tick

It is proposed to test all applicants on **SATURDAY 21st MARCH 2015**. The testing will take place in the School Hall and will commence at **9.00 am**. Estimated finishing time is **12 noon**. All candidates will be advised by mail of the result of the testing process. Those students who are short listed for interview will be contacted as early as possible to arrange for an interview. At least one parent/guardian must accompany the student to an interview.

This form and the application fee of **$65.00** must reach the school **no later than 4.00 pm** on **WEDNESDAY 11th MARCH 2015**. Do not hesitate to contact the school (telephone 9792 0561) if you have any questions.

Yours sincerely

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**Mr Thomas Hassett**

**Mrs Susan Ogden**

**PROGRAM CONVENOR**  **PRINCIPAL**