



DANDENONG HIGH SCHOOL

ACCELERATED AND ENHANCED 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 (2017) _____

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)

It is proposed to test all applicants on **SATURDAY 6th MAY, 2017**. 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 **\$70.00** must reach the school **no later than 4.00 pm** on **FRIDAY 21ST APRIL 2017**. Do not hesitate to contact the school (telephone 9792 0561) if you have any questions.

Yours sincerely

Mr Thomas Hassett
ACCELERATED AND ENHANCED LEARNING LEADER

Mrs Susan Ogden
PRINCIPAL