DANDEONONG 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 (2016) ____________________________

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 23rd APRIL 2016. 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 13TH APRIL 2016. 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