

### APPLICATION FORM

Please complete, detach and forward to Ms Lesley Goode before Monday 27<sup>th</sup> April 2009. This form should accompany the non-refundable fee of \$30.

Student Name: .....

Parent/Guardian Names: .....

.....

Address: .....

.....

Date of Birth: .....

Contacts: Phone (Home).....

Phone (Bus. Hours) .....

Mobile: .....

Email: .....

Current Primary School:.....

Grade:.....

Current Teacher:.....

School Phone Number:.....

Parent/Guardian Signature(s): .....

.....

My son/daughter will attend testing on:

Friday, 1st May, 2009 at 1.15 pm  
or

Saturday, 2nd May, 2009 at 2.00 pm.