

**LEADING LEARNER PROGRAM
 APPLICATION FORM**

STUDENT NAME:..... PRIMARY SCHOOL ATTENDED 2014:

PARENT NAME:..... PRIMARY TEACHER:

POSTAL ADDRESS:City.....

POSTCODE..... PHONE NUMBER.....MOBILE.....

EMAIL:DOB...../...../.....

Please tick preferred date for your student/s to sit the online iachieve test.

Saturday 6th September 10:00am-12:00pm **Monday** 8th September 3.30pm -5.30pm

Successful applicants will receive a letter on confirmation by 22 September 2014

Why would you like your child to be part of the Leading Learner Program?

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Special interests / involvement in school community e.g.

SPORT / MUSIC / ARTS / SRC

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Parent / Guardian Signature:..... Date:...../...../.....

Please Note: Application forms **must be submitted** to the college prior to the test dates above.

PTO

