



**SELECT ENTRY ACCELERATED LEARNING (SEAL) PROGRAM
APPLICATION FORM**



**I WOULD LIKE TO REGISTER MY INTEREST IN APPLYING FOR THE ROSEBUD SECONDARY COLLEGE
SEAL PROGRAM.**

MY NAME IS: _____

I ATTEND _____ **PRIMARY SCHOOL**

MY PARENT/S NAMES ARE _____

OUR HOME ADDRESS IS _____

OUR PHONE NUMBER IS (HOME) _____ **MOBILE** _____

OUR EMAIL ADDRESS IS _____

I WILL ATTEND THE SEAL TESTING SESSION ON (CIRCLE ONE):

TUESDAY MAY 10th

OR

WEDNESDAY MAY 11th

I understand that there is a \$50 'testing fee' that is to be paid at the front office of Rosebud S.C. on the day of testing.

Please contact Mr Brendan Murray at the College on 59868595 OR email at murray.brendan.j@edumail.vic.gov.au if you require additional information re the SEAL program

Please email directly to program coordinator or hand in at administration office.

'The Partnership begins'