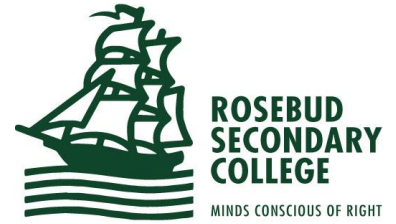




## SELECT ENTRY ACCELERATED LEARNING (SEAL) PROGRAM



### 2018 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 (4pm to 7pm) ON (CIRCLE ONE):

**MONDAY MAY 8th    OR    TUESDAY MAY 9TH**

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 **5986 8595** OR email at **murray.brendan.j@edumail.vic.gov.au** if you require additional information regarding the SEAL program.

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

***'The Partnership begins'***