Dear Parents / Caregivers

Thank you for your interest in our Enrichment Class selection process. Following is a formal application for the 2017 selection. It is essential that this form be returned to the school before the date shown below so that the appropriate number of tests can be ordered and seating arranged for the exam. If paying by cheque, please make it payable to Bulli High School. Please write the applicants name on the back of the cheque.

Please note that the Enrichment Placement Test will start at 9.30am sharp on Thursday 3rd March, 2016. Students will need to be at Bulli High School at 9.15am to be seated.

Application Form and Payment of $30.00 must reach Bulli High School before Thursday 25th February 2016

APPLICANT DETAILS (STUDENT)

SURNAME: ____________________________ Given Name: _______________________
Date of Birth: __________________________ Gender: Male/Female
Address:
____________________________________________________________
____________________________________________________________
Current School:____________________________________________________

PARENT / GUARDIAN DETAILS

Mailing Title: _______________________________________________________
Postal Address: (if same write As Above): ______________________________
____________________________________________________________ Postcode: _________

Contact Details  Email: _____________________________________________
Phone:________________________ (home) ____________________ (work)