SKEPSI Application Form 2016

Student Name:		
Date of Birth:		
Address:		
Contact Numbers:		
Home :	**Work:**	**Mobile:**
Primary School:		
Classroom Teacher:		
Name of Parent/Guardian(A):		
Contact Number:		**Email:**
Name of Parent/Guardian(B):		
Contact Number:		**Email:**

Additional student information: (Academic Achievements, Involvement in extension programs and Leadership)

Please return this form along with copies of the following documents:

- ☐ Copy Grade 6 Semester One report
- ☐ Copy Grade 5 NAPLAN report
- ☐ Recommendation letter from Grade 6 primary school teacher

PLEASE RETURN THIS FORM TO Wantirna College by Friday September 11th

(The application cannot be accepted unless **all above required attachments** are present. Please do not submit any other additional attachments)