

EXPRESSION OF INTEREST FORM  Year applying for: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 12	General Start Year
PPLICANT DETAILS	20
ull name of applicant:	
Date of Birth: Phone No: General	der: Male Female
ddress:	
fown / Suburb: Postcode:	<del> </del>
Pre-existing medical condition or disability:  In a your child been suspended during the past 2 years?  In a pulicant an Australian citizen or permanent resident?  In a year Condition/Disability:  I	
risa No: Visa Grant No:	
CURRENT SCHOOL DETAILS	
Current Year Level: Name of Current School:	
lame of Parent / Carer:ddress:	
own / Suburb: Postcode: Email:	
lome Ph: Work Ph: Mobile:	
APPLICANT'S INTERESTS and/or EXPERIENCE in SPECIALIST AREA (IF APPLICABLE)	
ERM ACCOMMODATION	
Vill you be seeking term accommodation at the Rotary Residential College?	L Yes
OCATION FOR SITTING ENTRY TESTS FOR SPECIALIST COURSES	
applicants from the Perth metropolitan area are expected to sit their entry tests at Kent Street Senior High School on to do this due to distance or other extenuating circumstances, where would you prefer to sit your entry tests and who ecessary arrangements to supervise you? Please note that the applicant must arrange for a suitable supervisor successary	m should we contact to make the
Place: Name of Supervisor:	
supervisor's Position	

## PARENTS - PLEASE ENCLOSE A COPY OF THE APPLICANT'S TWO MOST RECENT SCHOOL REPORTS

Please return this application form, together with the applicant's two most recent school reports to:

OR

**Enrolment Officer** Kent Street Senior High School 74 Rathay Street KENSINGTON WA 6151

Email to: KentStreet.SHS.enrolments@education.wa.edu.au

**COURSE APPLYING FOR:** 

**Aviation** 

Acceptance into the course is subject to a satisfactory performance in the entry tests, favourable school reports, appropriate behaviour and places being available. You will be notified of your acceptance or otherwise by mail early Term 3.