

QL Enhancement Program Application Form



FATHER OR MALE GUARDIAN Circle: Mr Dr

Circle: Living with student? Yes/ No

Surname:

Given name:

Residential Address:

Suburb: Postcode:

Phone Contact No:

Email:

MOTHER OR FEMALE GUARDIAN Circle: Mrs Miss Ms Dr

Circle: Living with student? Yes/ No

Surname:

Given name:

Residential Address:

Suburb: Postcode:

Phone Contact No:

Email:

FOR THE PARENT/GUARDIAN:

1. Why do you think your child would benefit from the **QL** program?

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2. Has your child ever been involved in any other special programs for high achievers? Please give details:

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Parent signature: Date
(Relationship to student)

Parent signature: Date
(Relationship to student)

If you would like any further information regarding the program, please contact Mrs Julie Squires on 5991 0800.