APPLICATION TO ENROL IN ADDITIONAL YEAR OF POST-COMPULSORY SCHOOLING EDUCATION SUPPORT PROGRAM

Applications to be submitted NO LATER THAN <u>04 September 2020</u>

KALAMUNDA SECONDARY EDUCATION SUPPORT	

STUDENT NAME:	DOB:		
ADDRESS:			
My daughter/son has attended Kalamunda Secondary Education Support Centre since			
He/she is currently completing Year 12 in Kalamur I am requesting your approval to continue in this preasons:			
Signature:	Date:		
(Parent/Carer Name)			
Gayle Nelson Principal Signature:	Date:		
Sue Cuneo Regional Executive Director Signature:	Date:		
APPROVED	DISAPPROVED		