

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

Applications to be submitted NO LATER THAN 23 AUGUST 2019



STUDENT NAME: _____ **DOB:** _____

ADDRESS: _____

My daughter/son has attended **Kalamunda Secondary Education Support Centre** since _____.

He/she is currently completing Year 12 in **Kalamunda Secondary Education Support Centre**.

I am requesting your approval to continue in this program for a further year in 2020 for the following reasons:

Signature: _____ Date: _____

(Parent/Carer Name)

School Comment:

Gayle Nelson

Principal

Signature: _____

Date: _____

Regional Executive Director **Signature:** _____

Date: _____

APPROVED

DISAPPROVED