



BELLARINE SECONDARY COLLEGE

Expression of interest in SEAL Program at BSC

Please complete and return this form if you wish to receive further information, including application forms, for this program.

Students full name: _____

D.O.B. ____ / ____ / ____

Gender: ____ M / F ____

Parent/ Guardian name: _____

Address: _____

Telephone numbers: Home _____

Mobile _____

Work _____

Current school: _____

Current year level: _____

Parent / Guardian signature: _____

Date: ____ / ____ / ____

Privacy statement:

The information requested above is for the purpose of the administration of student entry into the school and its accelerated learning program.