Selected Entry Accelerated Learning (SEAL) Program
Parent / Guardian Application

1. Student Information

Family name: __________________________

Given name: __________________________ Preferred name (if any): __________________

Residential Address: ________________________________________________________________

Postal Address (if different): _________________________________________________________

Date of Birth: ____ / ____ / ____ Male/Female: __________________

Current School: __________________________ Grade: __________________

Teacher’s name: __________________________

2. Parent / Guardian Information 1 (First Parent/Guardian)

Preferred contact __________________________

Family name: __________________________ Given name: ________________

Signature: ________________________________________________

Telephone contact: (Home): __________________________ (Work): ________________________

Mobile: ______________________________________________

Email: ______________________________________________

Parent / Guardian Information 2 (Second Parent/Guardian)

Family name: __________________________ Given name: ________________

Signature: ________________________________________________

Telephone contact: (Home): __________________________ (Work): ________________________

Mobile: ______________________________________________

Please enclose NAPLAN test results, Grade 5 report and $40 with this application.
I understand that Bellarine Secondary College will be contacting my child’s Primary School teacher, requesting further relevant information.

I agree to pay $40 for the UNSW ICAS GAT Test which is also used by SEAL schools in the Geelong area. I need only pay once for the test as the results will be shared by other SEAL school if required. Payment can be made at either the Bellarine Secondary College Ocean Grove Campus or Drysdale Campus. Payment must be made at the time of lodging your application.

The test will be conducted at Bellarine Secondary College, Drysdale Campus on Friday 27th April 2017 from 1:30pm – 4:00pm.

I understand that I may be invited to attend an interview if my child is short-listed for the 2018 SEAL program.

Alternative SEAL School name/s (if applicable).

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Signed Parent/Guardian:__________________________________________________________