



# KEILOR DOWNS COLLEGE

Select Entry Accelerated Learning Program

(SEALP) Year 7 2018

Registration for Testing

## STUDENT DETAILS

SURNAME	GIVEN NAME: _____ Preferred Name:
CURRENT STREET ADDRESS: _____ _____	
SUBURB: _____ POSTCODE: _____ <i>SEALP applications will only be considered for students living within 6km radius of the College (Candidates with a sibling at KDC in 2018 will still be able to apply regardless of distance from the school)</i>	
HOME TELEPHONE:  MOBILE TELEPHONE:	EMAIL:
DATE OF BIRTH:	GENDER : MALE / FEMALE
NAME OF CURRENT PRIMARY SCHOOL:	
GRADE 6 TEACHER:	
CONTACT NUMBER FROM PRIMARY SCHOOL:	
<b>FAMILY DETAILS</b>	
<i>Candidates with a sibling at KDC in 2018:</i> Sibling full name: _____ HG: _____	
PARENT (Mother) /GUARDIAN NAME	PARENT (Father) /GUARDIAN NAME
PARENT (Mother) /GUARDIAN Telephone Number	PARENT (Father) /GUARDIAN Telephone Number

**Our/my child will be taking part in the SEALP Testing at Keilor Downs College**

**Testing Date: Friday 21/4/17**

**Final date for Applications: Friday 31/3/17**

**Testing Fee: \$65 Enclosed**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date: