



KEILOR DOWNS COLLEGE

Select Entry Accelerated Learning Program (**SEALP**)

Registration Year 9 2026

Test date: Monday 10th November 2025

PLEASE ENSURE ALL DETAILS ARE CLEARLY WRITTEN IN THE SPACE PROVIDED

SURNAME:	GIVEN NAME:
CURRENT STREET ADDRESS: _____ _____	
SUBURB: _____ POSTCODE: _____	
DATE OF BIRTH:	GENDER : MALE / FEMALE
NAME OF CURRENT SCHOOL:	
CONTACT NUMBER FROM SCHOOL:	
FAMILY DETAILS	
PARENT (Mother) /GUARDIAN NAME	PARENT (Father) /GUARDIAN NAME
Mobile:	Mobile:
Email:	Email:

Please register my/our child to take part in the SEALP Testing at Keilor Downs College
Testing Date: Monday 10th November 2025 Testing Fee: \$100

Please submit application by Friday 31st October 2025.

Parent Signature

Date: