



UPWEY HIGH SCHOOL

Accelerated Learning Program 2009

Assessment Application:

Student Name:

Date of Birth:

Parent/s Name/s for contact:

Address:

Contact phone number/s:

Current School:

Assessment requested in:

English

Mathematics

Preferred Testing Date:

Saturday 24th May

Saturday 31st May

I give permission for my son/daughter to be tested for placement in the 2009 Accelerated Learning Program and for Upwey High School to seek a report from my son/daughter's school to be considered in conjunction with the test results.

I understand that placement in the program is subject to assessment results, current school performance and if necessary, an interview.

Parent/s Signature/s:

Date: