

We Grow Through Connection Personal information

Application for participation in the 2025 Pakenham Secondary College Enhancement Program.

Applications for the 2025 enhancement program close on Friday 26th April 4pm 2024

Students full name:			
Date of birth dd/mm/yyyy:	<i>! !</i>		
Current school of enrolment:			-
Current living address Address line one:			_
Address line two:			_
City:	State:	Postcode:	-
Guardian contact informa			
Full name of avardian anal			
Phone:			-
Current address			
			_
			-
		Postcode:	_
Full name of guardian two (o	•		
Relation to applicant:			-
Email:			-
Phone:			-
Current address			
			-
Address line two:			-
City:	State:	Postcode:	-

Applicant section
Pakenham secondary college prides itself on community engagement as 'We Grow Through Connection'. We follow our SOAR values of Social and personal responsibility, Opportunities for all, Achieving personal best and Respect and relationships. As part of our enhancement program, you will be given many opportunities on your personal and academic journey.
Write a short paragraph about some of the qualities and skills you possess that will make you a suitable candidate for this enhancement program.

Subjects or years teaching the applicant: Please give an indication as to the student's Victorian curriculum level in: Numeracy: Literacy: Please write a short description of this student's suitability for an enhancement program.	
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Please give an indication as to the student's Victorian curriculum level in: Numeracy: Literacy:	
Numeracy: Literacy:	
Please write a short description of this student's suitability for an enhancement program.	
Date: /	
	
(signature)	

Consent

Guardian					
I certify that all information is correct to the best of my knowledge. I understand that this application does not guarantee a position in the Pakenham secondary college Enhancement program.					
I consent tosession time to be released as round two of be used in the selection process.	(applicant name) completing PAT testing onsite at a the application process and understand that this data will				
(Guardian full name)	(Guardian signature)				
· · · · · · · · · · · · · · · · · · ·	pest of my knowledge. I understand that this application nam Secondary College Enhancement program.				
I consent to completing PAT testing onsite a application process and understand that this	t a session time to be released as round two of the s data will be used in the selection process.				
(Applicant full name)	(Applicant signature)				