

## Application Form

Name of Student: \_\_\_\_\_

Gender: Male ☐ Female ☐ Other ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary School: \_\_\_\_\_

Grade 6 Teacher: \_\_\_\_\_

### Contact Details

Parent/ Guardian Name: \_\_\_\_\_

Email Address (essential): \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I authorise for the student mentioned on this form, to undergo the required testing for the Like Minds program.

I give permission for the selection panel to contact the relevant grade 6 teacher if required.

I have enclosed the \$20 testing fee. Please select a testing date below.

Thursday 18<sup>th</sup> May 4.00pm ☐ or Saturday 20<sup>th</sup> May 9.00am ☐

Signature: \_\_\_\_\_

**This application form must be received at the Shakespeare Street Office by Friday 12<sup>th</sup> May 2023, along with the \$20 application fee.**

**Post to:** Like Minds  
Traralgon College  
PO Box 1790  
Traralgon VIC, 3844

**Email:** [traralgon.co@edumail.vic.gov.au](mailto:traralgon.co@edumail.vic.gov.au)  
**In Person:** 12 Shakespeare Street  
Traralgon VIC, 3844

### Student to complete the following:

I want to be in the Like Minds program because:

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