



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 18th May 4.00pm or Saturday 20th May 9.00am

Signature: _____

This application form must be received at the Shakespeare Street Office by Friday 12th 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
In Person: 12 Shakespeare Street
Traralgon VIC, 3844

Student to complete the following:

I want to be in the Like Minds program because:
