



## TESTING ENROLMENT FORM

Student Name:

Date of Birth:

Gender:

Parent/Guardian Name/s:

Postal Address:

Phone (BH):

Phone (AH):

Primary School:

**Testing will take place in May on Saturday 6th 9am-12pm, Sunday 7th 1-4pm and Monday 8th 9am-12pm. Testing will take place at the school, with a fee of \$20 payable to cover the costs of testing.**

How did you hear about the program?

What date would you like to sit the test?

TO ENSURE THE CANDIDATE ENTRY ON TESTING DAY, THIS FORM MUST BE RECEIVED AT THS BY FRIDAY 28/04/17

Parent/Guardian Signature: