### Expression of Interest form for the IGNITE Assessment on Friday 9 May 2014

#### Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>………………</td>
</tr>
<tr>
<td>First Name</td>
<td>………………</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>………………</td>
</tr>
<tr>
<td>Gender</td>
<td>………………</td>
</tr>
</tbody>
</table>

#### Parent / Caregiver Information

<table>
<thead>
<tr>
<th>Parent / Caregiver</th>
<th>Full Name</th>
<th>Home address</th>
<th>P/code</th>
<th>Postal address</th>
<th>P/code</th>
<th>Home number</th>
<th>Mobile</th>
<th>Work number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Caregiver 1</td>
<td>………………</td>
<td>………………</td>
<td>…………</td>
<td>………………</td>
<td>…………</td>
<td>………………</td>
<td>………………</td>
<td>………………</td>
<td>………………</td>
</tr>
<tr>
<td>Parent / Caregiver 2</td>
<td>………………</td>
<td>………………</td>
<td>…………</td>
<td>………………</td>
<td>…………</td>
<td>………………</td>
<td>………………</td>
<td>………………</td>
<td>………………</td>
</tr>
</tbody>
</table>

#### General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current school</td>
<td>………………</td>
</tr>
<tr>
<td>Year level in 2014</td>
<td>………………</td>
</tr>
<tr>
<td>Year 6 Principal to approve.</td>
<td>………………</td>
</tr>
<tr>
<td>Year 7 Parent may nominate.</td>
<td>………………</td>
</tr>
</tbody>
</table>

#### Year level in 2014

- Year 6 Principal to approve. Year 6 students need to obtain a recommendation from their current Principal that they would be suitable for acceleration into Year 8 in 2015. Principal to sign below.

Principal’s verification of approval

Signed …………………………………………………...…………....  …………………………………………..
Principal  School Stamp

- Year 7 Parent may nominate.

Signed …………………………………………………...…………..
Parent / Caregiver

#### Other Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>English as a second language</td>
<td>Y □ N □</td>
</tr>
<tr>
<td>Other language(s) spoken</td>
<td>………………</td>
</tr>
<tr>
<td>Are you Aboriginal or Torres Strait Islander</td>
<td>Y □ N □</td>
</tr>
<tr>
<td>Are you currently approved for School Card</td>
<td>Y □ N □</td>
</tr>
<tr>
<td>How did you find out about the program?</td>
<td>………………</td>
</tr>
</tbody>
</table>
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IGNITE SCHOOLS

IGNITE Secretary
Aberfoyle Park High School
36A Taylors Rd West
Aberfoyle Park  SA  5159
Ph:  08  8270 4455
Fax: 08  8370 5819

IGNITE Program Manager
Glenunga International High School
99 L’Estrange St
Glenunga  SA  5064
Ph: 08  8379 5629
Fax: 08  8338 2518

IGNITE Secretary
The Heights School
Brunel Drive
Modbury Heights  SA  5092
Ph: 08  8263 6244
Fax: 08  8263 6072

Please complete and return to the school to which you are applying no later than 1 May 2014

Country students may return their form to any of the schools and arrangements may be made for them to complete their assessment at their local site.

Payment
To be registered on the database it is essential that payment of $65 accompanies this form.
If you are a verified School Card holder then you are exempt from this fee.
On receipt of your Expression of Interest and payment, a practice booklet and Student ID number will be forwarded to your mailing address.
If you have not received these within two weeks after your application, please contact the school to which you are applying.

Method of Payment
Cash
If paying by cash it is necessary for you to contact the school of your choice to arrange payment details.
Please do not post any cash.

Cheque / Money Order
Should be made payable to the school to which you are applying.

Credit Card
If paying by credit card, please complete details below and forward with your Expression of Interest form.
If you are a school card recipient please take this form to your school for verification of approval.

Please use school Stamp to verify that this student has been approved for school card in 2013 and will be applying for School Card in 2014. ........................................................
Principal / Finance Officer

Credit Card authorisation

Mastercard  Visa

Credit card number  3 digit authorization code

I hereby authorise the school to draw on my credit card for the amount of $65.00

Name on card ..........................................................  Expiry Date .........................

Signature of cardholder .............................................

For office use only

Application ID ........................................ School/Student ID ..........................