Stage 4 Academic Stream Class



EXPRESSION OF INTEREST

Student Name:		
Address:		_
Contact Phone No:		
Email:		
Primary School:		
I have attached the following supporting docu	ments:	
Year 5 NAPLAN results		
Copy of the most recent school re	eport	
Teacher support statement from be emailed with the school stamp dir kariongmtn-h.school@det.nsw.edu.au	ectly to KMHS at:	acher that will
Parent Name:		
Parent Signature	/ Date:/_	