

LEEP APPLICATION FORM

STUDENT

First Name: _____ Surname: _____

CURRENT SCHOOL DETAILS:

Primary school: _____

Grade 6 Teacher: _____

Contact Number: _____

HOME CONTACT DETAILS:

Parent/Guardian Name: _____

Address: _____

Telephone: Mobile: _____

Home: _____

Email: _____

I give permission for Monivae College to access all relevant information regarding my child and for my child to undertake any required testing procedures.

PARENT/GUARDIAN NAME: _____

SIGNITURE: _____