

# Innovation Academy Expression of Interest Form



## Personal Details of Student:

First Name:	Surname:
Second Name:	Date of Birth:
Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address:	
Suburb:	State: Postcode:
Telephone Number (H):	Telephone Number (B):
Student Mobile:	Parent Mobile:
Student Email:	Parent Email:

Current School:	
Current Year Level (2020):	Year Level to Enrol (2021):
Why are you interested in joining the Hallam Senior Innovation Academy?	

Applicant's Name:	
Applicant's Signature:	Date:

Parent / Guardian's Name:	
Parent / Guardian's Signature:	Date: