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EXPRESSION OF INTEREST

**PARENTS DETAILS:**

Full Name (Parent/Guardian):

Address: Suburb: Post Code:

Telephone - Home:

Work:

Mobile:

Email:

**EMERGENCY CONTACT DETAILS:**

Full Name:

Relationship:

Telephone - Home: Work: Mobile:

**Student No: 1**

Full Name: Date of Birth:  
  
Gender: M □ F □ School Name:

Any Medical Concerns or Allergies:

**Student No: 2**

Full Name: Date of Birth:  
  
Gender: M □ F □ School Name:

Any Medical Concerns or Allergies:

**Student No: 3**

Full Name: Date of Birth:  
  
Gender: M □ F □ School Name:

Any Medical Concerns or Allergies:

**Parents Signature**: **Date**: