

Office Use Only:
Application received:

Date:

PO BOX 1610, MILDURA VIC 3502 P: (03) 5023 0538

E: <a href="mailto:chaffey.sc@education.vic.gov.au">chaffey.sc@education.vic.gov.au</a>
W: <a href="http://chaffeysc.vic.edu.au">http://chaffeysc.vic.edu.au</a>

# **Select Entry Accelerated Learning Program 2025 Application Form**



STUDENT DETAILS	
Surname:	
First name:	
CURRENT SCHOOL DETAILS	
Primary School:	
Year 6 Teacher:	
Email:	
Phone:	
CONTACT DETAILS	
Parent/Guardian Names:	
Postal Address:	
Parent/Guardian Email:	
Contact Number:	
Return this application by 4pm	Friday 13 September 2024 to Chaffey Secondary College
☐ Enrolment form completed and	returned to Chaffey Secondary College
☐ Parent/Guardian Form complet	ed
☐ Student Form completed	
☐ Teacher Form completed	
☐ Most recent school report attac	hed
☐ Year 5 NAPLAN data (if complet	ed) attached

Time:





### **Select Entry Accelerated Learning Program 2025**

#### Parent/Guardian Form

**Primary School:** 

To be completed by the applicant's parent or guardian

Parent/Guardian Name:					
My child:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Enjoys working with others.					
Finds adapting to new situations diffi	cult.				
Enjoys school.					
Regularly attends school.					
My child is resilient.					
My child enjoys learning new things.					
My child has unique ways of problem solving.	1				
My child completes homework.					
Is a self-motivated learner.					
Meets deadlines.					
Demonstrates curiosity.					
Demonstrates initiative.					
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Please attach a copy of your child's most recent school report and Year 5 NAPLAN data.

Testing for the 2025 Year 7 Select Entry Accelerated Learning (SEAL) program will be conducted at Chaffey Secondary College. Applicants shortlisted for testing will be notified by **Wednesday 9 October 2024.** 

Outline your child's academic achievements:	
xplain with examples, how well your child words with others:	
· · · · · · · · · · · · · · · · · · ·	
	<del>-</del>
utline your child's achievement, interests and hobbies:	
lease provide any information regarding additional learning needs (if applicable of the state of	
	certify that all
ormation provided in this form about my child is true and accur	
owledge.	
ent/Guardian Signature:	
te: / /	
is statement ensures that the parent acknowledges the importa	ance of honesty w

This statement ensures that the parent acknowledges the importance of honesty when completing this referral form. It serves as a declaration of truthfulness and authenticity in the information provided.





## **Select Entry Accelerated Learning Program 2025**

## **Student Form**

To be completed by student

Student Full Name:	
Primary School:	
Γhank you for your interest in t	the Select Entry Accelerated Learning (SEAL) Program at Chaffey Secondary College. We are uld like to be a part of this program.
Why do you want to nom	ninate yourself for this program?
What do you think make:	s you a suitable student for the SEAL program?
What is an achievement	you are most proud of and why?





## **Select Entry Accelerated Learning Program 2025**

#### **Teacher Form**

**Student Name:** 

To be completed by the applicant's teacher

Teacher Name:						
Primary School:						
Email:						
What is the student's	s current level of ac	hievement at th	is point of	the year in:		
English:						
Mathematics:						
This student		<b>1</b> Demonstrates	2	3	4	<b>5</b> Demonstrates
		to a low level				to a high level
Is verbally proficient an advanced vocabul						
Demonstrates the ab critically	ility to think					
Perseveres with chall	enging tasks.					
Seeks opportunities f	or extension.					
Completes all work to ability.	the best of their					
Applies a range of skills to problem solving.						
Completes homewor	k.					
Works well with peers.						
Seeks feedback.						
Is responsive to feedback.						
Demonstrates leader activities.						
Is an independent lea	arner.					

Please provide a	any additional inform	ation regar	ding the stude	ent's suitab	ility to the	SEAL program	:
					hereby o	ertify that	all the
nformation pro	ovided in this forn	n about t	his student	is true a	nd accura	te to the be	est of my
knowledge.							
Teacher	Signature:						
Date: /	/						
This statement	ensures that the	e teacher	acknowled	ges the	importand	ce of hones	ty wher

This statement ensures that the teacher acknowledges the importance of honesty when completing this referral form. It serves as a declaration of truthfulness and authenticity in the information provided.