

| Contact details |
|--------------------------------|
| Full name: |
| Student's name: |
| Relationship to the student: |
| Email address: |
| Phone number: |
| Home address: |
| Postal Address (if different): |

Please write a short statement about why you support your child's application to the Karnkanthi Education Program

Please complete this checklist and sign below

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have read the Karnkanthi Program Guide and Application Information |
| <input type="checkbox"/> | I support my child's application to the Karnkanthi Education Program |
| <input type="checkbox"/> | My child is of Aboriginal and/or Torres Strait Islander descent |
| Signature: | |
| Date: | |