

**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**☐ I have read the Karnkanthi Program Guide and Application Information☐ I support my child's application to the Karnkanthi Education Program☐ My child is of Aboriginal and/or Torres Strait Islander descent**Signature:****Date:**