

FAIRHILLS HIGH SCHOOL

SEAL PROGRAM APPLICATION



Full name of parent(s): _____

Full name of student: _____

Student's date of birth: _____ Gender: _____

Address: _____

Email address: _____

Phone number(s): _____

Name of current primary school: _____

Name of Grade 6 teacher: _____

Parent signature: _____ Date: _____

PAYMENT

A payment of \$50 is required to sit the Entrance Exam. This amount will be credited in full towards your Family Statement upon your child's commencement at Fairhills High School.

Payments can be made through any of the following methods:

DIRECT DEPOSIT

Account name: Fairhills High School

BSB- 313 140

Account 19264801

Please include the descriptor SEAL + your child's surname as your descriptor so we are able to identify you. Direct deposit payments must be received one week before the testing date.

PHONE PAYMENT

Please phone the General Office with your credit card details on 9758 5022.

IN PERSON

At the General Office between 8.30am – 3.30 pm Monday to Friday.