

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: