



CAIRNS
State High
The best we can be.

Cairns State High School
Italian Immersion Program
Expression of Interest

Student Details

Surname		Given Names	
Current year level		Current School	
Year that you expect to be in Year 9			
Language/s currently studied			
Language/s spoken			

Parent / Caregiver Details

Parent / Caregiver 1

Surname		Given Names			
Phone Numbers					
Home		Work		Mobile	
Email					
Home Address					
Street					
Suburb		Post Code			
Mailing Address (if different from above)					
PO Box		Suburb		Postcode	

Parent / Caregiver 2

Surname		Given Names			
Phone Numbers					
Home		Work		Mobile	
Email					
Home Address					
Street					
Suburb		Post Code			
Mailing Address (if different from above)					
PO Box		Suburb		Postcode	

Please indicate your level of interest or commitment to the Italian Immersion Program

Very interested

Just interested

A little interested

How did you hear about the program?

Why are you interested in Italian Immersion?

Are you Aboriginal or Torres Strait Islander?

Parent/carer's Name

Signature

Date

We will place your details on our database and email you with updates and information about the program

Please return to Mrs Sarah Moss (07 40503065 / smoss58@eq.edu.au) as soon as possible.