

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							
		Given Names					
Phone Numbers							
	Work		Mobile				
Home Address							
			Post Code				
Mailing Address (if different from above)							
	Suburb		Postcode				
Parent / Caregiver 2							
		Given Names					
Phone Numbers							
	Work		Mobile				
Home Address							
Post Code							
Mailing Address (if different from above)							
	Suburb		Postcode				
	ers ess (if different from a giver 2 ers	ers Work Sess (if different from above) Suburb Siver 2 Pers Work Sess (if different from above)	Given Names Property Suburb Suburb Siver 2 Given Names Given Names	Given Names Post Code Suburb Given Names Post Code Suburb Given Names Post Code Suburb Mobile Fost Code Suburb Fost Code Suburb Fost Code Suburb Fost Code Fost Code Fost Code Fost Code Fost Code Fost Code	Given Names Post Code Suburb Given Names Post Code Suburb Given Names Given Names Given Names Post Code Fost Code		

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?							
Ave vev Aberiainel or Towns Chreit Islandor							
Are you Aboriginal or Torres Strait Islander?							
Devent / sevent a Name	Circustons	Data					
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.