

**APPLICATION FORM
ABORIGINAL EDUCATION PROGRAM 2008
NEW INITIATIVES**

School / College:	
Suburb / Town:	
Contact Person:	
Position / Role:	
Contact Number:	

STUDENT INFORMATION

Names of students participating:	
Grades:	No: <input type="checkbox"/> Female <input type="checkbox"/> Male
Priority Area:	<input type="checkbox"/> Attendance and Retention <input type="checkbox"/> Culturally inclusive initiatives <input type="checkbox"/> Other

Description of Project:

Anticipated Outcomes:

Evaluation Mechanisms:

Principal's Signature:

Date:

Please return by 2nd November 2007 to:

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