

# AVIATION ACADEMY EXPRESSION OF INTEREST



Please complete and return to the College PRIOR to the EXAM

Email: [Michael.ledonne@education.wa.edu.au](mailto:Michael.ledonne@education.wa.edu.au)

Student Surname					
Student Given Names					
Date of Birth					
<b>2024</b> Year Level	6	7	8	9	10 (please circle)
Current Primary School					
Have you enrolled or applied to attend Kinross College for 2025?	YES / NO				

## Medical conditions:

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## Interest:

Why I am interested in studying Aviation -

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## Parent/Caregiver contact details

Name:	Name:
:	:
Relationship:	Relationship:
Email:	Email:
Address:	Address:

