



eSTEAM- Expression of Interest Form

Applicant Information

Full Name: _____ Date of Birth: _____

Address: _____

Postcode: _____ Phone: _____ Email: _____

Guardian Information

Full Name: _____ Signature: _____

Address: _____

Postcode: _____ Phone: _____ Email: _____

Education Information

Current School: _____ Year Level: _____

Semester 2 Last Year

Semester 1 Current Year

Subject

Results

Subject

Results

Subject	Results	Subject	Results

Professional References 1

Full Name: _____ Relationship: _____

Institution/School: _____ Phone: _____

Address: _____ Postcode: _____

Professional References 2

Full Name: _____ Relationship: _____

Institution/School: _____ Phone: _____

Address: _____ Postcode: _____



Previous Awards or Achievements			
Award/Achievement Title			
Name of School/Institution awarding the above			
Year Level when Awarded		Year Awarded	
Additional Comments			
Award/Achievement Title			
Name of School/Institution awarding the above			
Year Level when Awarded		Year Awarded	
Additional Comments			
Award/Achievement Title			
Name of School/Institution awarding the above			
Year Level when Awarded		Year Awarded	
Additional Comments			

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge	
Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____

Please forward or email this Form to:

Administration Office

Glenala State High School

Glenala Road and Hampton Street, Durack QLD 4077

Phone: (07) 3877 4222

Email: admin@glenalashs.eq.edu.au