



These are my interests.

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Principal/Deputy certification of students applying

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Principal/Deputy signature

I agree that this is my work and that I wish to be considered to be included in the Self Select class for 2023

I wish for my child to be considered for the Self Select class in 2023

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Signature \_\_\_\_\_

Should you wish to apply, please use the following form and send it to the Principal of Kingsgrove North High School by **June 1 2022**.