Alpha Application form

NAME OF APPLICANT: _____

NAME OF CAREGIVERS: _____

ADDRESS: _____
_____

PHONE: _____(home) _____ (work)

EMAIL: _____

CURRENT SCHOOL: _____

CURRENT TEACHER: _____

Why I want to be in the Alpha programme (to be written by the student)

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*Please complete & return by **24 September** via one of the following methods:*

Email: *hdrongelen@hhs.school.nz*
Post: *Henderson High School, PO Box 21141, Henderson, Waitakere*
Fax: *838 9164*