



**HAMILTON**  
SECONDARY COLLEGE

*Space*  
SCHOOL

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Present School: \_\_\_\_\_ Present Year Level: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent / Caregiver 1 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Caregiver 2 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail the completed form to [dl.0823.spaceschool@schools.sa.edu.au](mailto:dl.0823.spaceschool@schools.sa.edu.au)**



**HAMILTON**  
SECONDARY COLLEGE

Respect. Excellence. Integrity.  
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**Government**  
of South Australia  
Department for Education