



Mabel Park State High School

Our Effort, Our Achievement, Our Future

Certificate III in Aviation (Remote Pilot – Visual Line of Sight)

Expression of Interest for Certificate III in Aviation Program

First name:			
Last name:			
Date of birth:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
School:		Year Level:	
Year 10 Semester 2 Results:	English:	Maths:	Science:
Home Email:			
School Email:			
Student Mobile:			
Address:			
Parent/Guardian Name:			
Parent Contact:	Mobile:	Email:	
Do you identify as: (please tick)	<input type="checkbox"/> From a non-English speaking background <input type="checkbox"/> A student with a disability or impairment	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> I do not wish to disclose <input type="checkbox"/> None	
Explain in 25 – 50 words why you would like to be a part of the Certificate III in Aviation Program.			
.....			
Please return this <u>completed</u> EOI form with a copy of your Year 10 Semester 2 report to your school VET co-ordinator/ Industry Liaison Officer (ILO)			
Student signature VET Co-ordinator / ILO signature.....			
I agree to my student participating in the Certificate III in Aviation program.			
Parent / Guardian signature			
For further information contact Mrs Fewtrell, Head of Department, Senior Schooling			
Phone: 3489 2333		Email: admin@mabelparkshs.eq.edu.au	



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