NOTICE TO GRADE 6 PARENTS
SELECT ENTRY
ACCELERATED LEARNING PROGRAM 2016

“Access to Peak Performance”

The Lyndale Secondary College “Select Entry Accelerated Program” is designed to provide enhanced educational opportunities to children of higher academic potential.

The program will compress years 7 to 10 studies of English, Humanities, Maths and Science into three years of study for the selected students. Students also undertake non-accelerated studies in all other subjects. This keeps them in-step socially with their peers.

By completing these studies earlier, greater flexibility will be available to these students in their final three years of schooling. This flexibility will be negotiated and agreed between the college and the family and may include:

- Additional VCE studies to improve students’ tertiary entrance scores
- Undertaking of additional courses which are accredited by TAFE
- Entry into Monash or Melbourne University degree studies during Year 12 which are available here at Lyndale

“Accelerated Learning” is not appropriate for all students. It is both demanding and rewarding. It provides challenge and enrichment within an academic peer group of students. It also entails a relatively higher workload in the early years of secondary schooling. Please note that a further interview may be required.

The college will be assessing students on Wednesday, 22nd April 2015 in the Hugh McRae Hall. As a result of these assessments, students will be offered places in the 2016 Select Entry Accelerated Learning Program. This test will also be used to decide Academic Scholarship winners as described on the separate application form.

If you believe such a program is appropriate for your child, you are invited to complete the attached form, which includes a student profile, and return it to me by 3.30 p.m. on Wednesday 25th March 2015.

Debra Martin,
Select Entry Accelerated Learning Program Coordinator
EXPRESSION OF INTEREST

SELECT ENTRY ACCELERATED LEARNING PROGRAM 2016

Student’s First Name: ____________________________________________
Student’s Family Name: ____________________________________________
GENDER: MALE ☐ FEMALE ☐
PRIMARY SCHOOL: ________________________________________________
GRADE 6 TEACHER: ________________________________________________
STUDENT HOME ADDRESS: _________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TELEPHONE NUMBER: (Home) _________________________________
(Business) _________________________________________________
(Mobile) _________________________________________________

I feel that my child is suitable for inclusion in the Select Entry Accelerated Learning Program because ________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I give permission for my child to be assessed for inclusion in the Select Entry Accelerated Learning Program.

Parent/Guardian’s First Name: _______________________________________
Parent/Guardian’s Family Name: (Mr/Mrs/Ms) ___________________________

Signature: _________________________________________________________

Please return this form and the attached student profile to:
Debra Martin
Select Entry Accelerated Learning Program Coordinator
Lyndale Secondary College
Gladstone Road
North Dandenong 3175

BY: 3:30 PM WEDNESDAY 25th March 2015
STUDENT PROFILE

SELECT ENTRY
ACCELERATED LEARNING PROGRAM 2016

Student’s First Name: ____________________________________________________

Student’s Family Name: __________________________________________________

List of Achievements:
(Include your best academic achievements and the leadership roles you have taken at
Primary School and/or other organisations)
1. ________________________________________________________
2. ________________________________________________
3. ________________________________________________________
4. ________________________________________________________
5. ________________________________________________________

REFERENCE (A recommendation written by a teacher):

Referee Name: ________________________________________________________
Referee Position: ______________________________________________________
Referee School/Organisation: ____________________________________________
Contact Phone Number: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

*Please note students must have completed the above profile to be considered for this program.

Please return this form BY 3:30 PM ON WEDNESDAY 25th March 2015