



Distance Education Application

Student's Name:		Date:	/ /
Year Level:			

Subject wishing to undertake:

Reasoning:

Signatures

Careers Advisor:		/ /
Parent:		/ /
VCE Coordinator:		/ /
Supervising Teacher:		/ /
Distance Education Coordinator:		/ /
Principal:		/ /

Office Use Only

Date: / / Timetable Edumate

Edrolo Finance VASS

THE PRINCIPAL AND DISTANCE EDUCATION COORDINATOR WILL RETAIN A COPY OF THIS FORM