**PROPOSAL TO DEVELOP A PROGRAM OF EXCELLENCE**

*(Regional Director approval is required for schools with a School EMP introducing a Program of Excellence who intend to offer the program to students outside of the catchment.)*

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| **School name** |  |
| **Program of Excellence name** |  |

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| **Goals of program** |
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| **Outcomes for students** |
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| **Eligibility criteria** |
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| **Educational partners** |
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| **Program of Excellence – Guide for enrolment capacity***(Only complete the relevant year levels)* |
| **Program of Excellence name** | **Student capacity per year level (each school year)** |
| **Yr 4** | **Yr 5** | **Yr 6** | **Yr 7** | **Yr 8**  | **Yr 9** | **Yr 10** | **Yr 11** | **Yr 12** |
| *For example:**Chinese Immersion in a P-12* | *15* | *15* | *15* | *50* | *50* | *50* | *50* | *25* | *25* |
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| **Impact on current facilities** |
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Principal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

RD name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_