



Box Hill High School

Expression of Interest – Parents & Friends Association

Date: _____

First Name: _____

Last Name: _____

Students at Box Hill High School

Student 1 Full Name: _____

Student 1 Year Level: _____

Student 2 Full Name: _____

Student 2 Year Level: _____

What are your skills/talents or area of expertise?

What contribution would you like to offer to the school?

Any other information that may be relevant?

Do you have a current Working with Children Check?

Please scan and return to box.hill.hs@education.vic.gov.au Thank you!