



Academic Extension Program

Opportunity, Growth, Care

APPLICATION FORM

STUDENT DETAILS

Surname: _____ Given Name: _____

Preferred name: _____ Date of Birth: _____

Aboriginal/Torres Strait Islander Male Female

Present School: _____ Current school year: Year 6

PARENTS/GUARDIAN DETAILS

Title: Mr Mrs Ms Dr

Surname: _____ Given Name: _____

Residential Address: _____ Home/Mobile Phone (*contactable on test day*): _____

Postcode: _____ Email Address: _____

IMPORTANT NOTES

- Only students who live in the school's local intake area or have been accepted into the Gifted and Talented (GATE) Music Program will be able to enrol at Churchlands Senior High School.
- Students are only able to sit the testing once in Year 6 only.
- The application fee covers the cost of administering the HAST.
- No refunds will be given.
- Please notify if there are any medical conditions which need to be taken into account on the test date.
- Please email the AEP Secretary the Application Form and payment details to: khearle@churchlands.wa.edu.au or contact 9441 1719.

**Application/Testing dates: Academic Extension Program Applications close – Friday 3 April 2020
Academic Extension Program Testing – Saturday 2 May 2020**



PAYMENT DETAILS (*please choose one*):

1. Application Fee: \$78
2. Cheques are to be made payable to Churchlands SHS and posted to:
20 Lucca Street, Churchlands WA 6018
3. Payment can also be made by cash in person at Churchlands SHS.
4. Direct payment to Churchlands SHS – **BSB: 306 054 Account Number: 4157610**
Reference to use: Child's surname First Name Initial AEP eg *SMITH J AEP*
5. Credit Card Details: Visa Mastercard
Card Number _____ / _____ / _____ / _____
Cardholders name Expiry:
Signature: