



# 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*): \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ \_\_\_\_\_

### 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](mailto:khearle@churchlands.wa.edu.au) or contact 9441 1719.

**Application/Testing dates: Academic Extension Program Applications close – Thursday 4 April 2019  
Academic Extension Program Testing – Saturday 4 May 2019**

### 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: .....