

## **Academic Extension Program**

Community and Wellbeing

## **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 Dr	
Surname:	Given Name:
Residential Address:	Home/Mobile Phone (contactable on test day):
Postcode:	Email Address:
IMPORTANT NOTES	
<ul> <li>Students are only able to sit the testing once in Year 6 only.</li> <li>The application fee covers the cost of administering the HAST.</li> <li>No refunds will be given.</li> <li>Please notify if there are any medical conditions which need to be taken into account on the test date.</li> <li>Please email the AEP Secretary the Application Form and payment details to:         <ul> <li>khearle@churchlands.wa.edu.au</li> <li>or contact 9441 1719.</li> <li>Applications and payment will only be accepted after Monday 11 January 2021.</li> </ul> </li> <li>Application/Testing dates: Academic Extension Program Applications close – Wednesday 10 February 2021         <ul> <li>Academic Extension Program Testing – Saturday 27 February 2021</li> </ul> </li> </ul>	
X	
PAYMENT DETAILS (please choose one):	
<ol> <li>Application Fee: \$78</li> <li>Cheques are to be made payable to Churchlands SHS and posted to:         <ul> <li>20 Lucca Street, Churchlands WA 6018</li> <li>Payment can also be made by cash in person at Churchlands SHS.</li> <li>Direct payment to Churchlands SHS – BSB: 306 054 Account Number: 4157610             <ul> <li>Reminder: Please make payment after Monday 11 January 2021</li> <li>Reference to use: Child's surname First Name Initial AEP eg SMITH J AEP</li> <li>Credit Card Details: Visa Mastercard</li> </ul> </li> </ul></li></ol>	
Card Number / / / / / / /	
Cardholders name	
Signature:	