

Academic Extension Program

Community and Wellbeing

APPLICATION FORM

Surname: Given Name: Date of Birth: Aboriginal/Torres Strait Islander Male Female
Preferred name: Date of Birth: Aboriginal/Torres Strait Islander Male Female
Aboriginal/Torres Strait Islander
PARENTS/GUARDIAN DETAILS Title: Mr
Title: Mr
Surname: Given Name: Home/Mobile Phone (contactable on test day): Email Address:
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.
Email Address: Postcode: 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.
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 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: CSHS-AEP@churchlands.wa.edu.au or contact 9441 1719. Applications and payment will only be accepted after Monday 10 January 2022. Application/Testing dates: Academic Extension Program Applications close - Wednesday 9 February 2022 Academic Extension Program Testing - Saturday 26 February 2022
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PAYMENT DETAILS (please choose one):
 Application Fee: \$78 Cheques are to be made payable to Churchlands SHS and posted to: 20 Lucca Street, Churchlands WA 6018 Payment can also be made by cash in person at Churchlands SHS. Direct payment to Churchlands SHS - BSB: 306 054 Account Number: 4157610 Reminder: Please make payment after Monday 10 January 2022 Reference to use: Child's surname First Name Initial AEP eg SMITH J AEP Credit Card Details: Visa Mastercard Card Number / /
Cardholders name Expiry: Expiry: