



Academic Extension Program

Community and Wellbeing

REGISTRATION OF INTEREST

(FOR TEST TO TAKE PLACE ON SATURDAY 22 AUGUST 2026
- FOR STUDENTS WHO ARE CURRENTLY IN YEAR 6 - 2026)

STUDENT DETAILS

Surname: _____ Given Name: _____
Preferred name: _____ Date of Birth: _____
Aboriginal/Torres Strait Islander Male Female
Present School: _____ Current school year: Year

PARENTS/GUARDIAN DETAILS

Title: Mr Mrs Ms Dr
Surname: _____ Given Name: _____
Residential Address: _____ Postcode: _____

Home/Mobile Phone: _____
Email Address: _____

IMPORTANT NOTES

- Students are only able to sit the testing once in Year 6 only.

For any further information contact
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Telephone: +61 8 9441 1719 Email: CSHS-AEP@churchlands.wa.edu.au