CHURCHLANDS
SENIOR HIGH SCHOOL

Academic Extension Program

Community and Wellbeing

REGISTRATION OF INTEREST

(FOR TEST TO TAKE PLACE ON SATURDAY 20 FEBRUARY 2027 – FOR STUDENTS WHO WILL BE IN YEAR 6 - 2027)

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
Churchlands Senior High School
20 Lucca Street, Churchlands WA 6018
Telephone: +61 8 9441 1719 Email: CSHS-AEP@churchlands.wa.edu.au