



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

Surname: _____ Given Name: _____

Residential Address: _____ Home/Mobile Phone (*contactable on test day*): _____

_____ Email Address: _____

Postcode: _____ _____

IMPORTANT NOTES

- 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: CSHS-AEP@churchlands.wa.edu.au or contact 9441 1719.

Application/Testing dates: Academic Extension Program Applications close – Thursday 3 August 2023

Academic Extension Program Testing – Saturday 26 August 2023



PAYMENT DETAILS (*please choose one*):

1. Application Fee: \$85
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: