



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. **Payment will be processed after Wednesday 24 January 2024.**

**Application/Testing dates: Academic Extension Program Applications close – Wednesday 7 February 2024
Academic Extension Program Testing – Saturday 24 February 2024**



PAYMENT DETAILS (*please choose one*):

1. Application Fee: \$95
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. Credit Card Details: Visa ☐ Mastercard ☐

Card Number ____ / ____ / ____ / ____

Cardholders name Expiry:

Signature:

Payment will be processed after Wednesday 24 January 2024.