



Academic Extension Program

Community and Wellbeing

REGISTRATION OF INTEREST

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 test to take place on Saturday 23 August 2025.

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