

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 Mrs 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. Test details will be available December 2024. 	
For any further information contact Churchlands Senior High School	

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