

**Academic Extension Program**

Community and Wellbeing

**Application Form**

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| **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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home/Mobile Phone *(contactable on test day)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 1 August 2024  Academic Extension Program Testing – Saturday 24 August 2024** | |
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| **PAYMENT DETAILS** *(please choose one)***:** | |
| 1. Application Fee: $95 2. Payment can be made by cash in person at Churchlands SHS or 3. Credit Card Details: Visa Mastercard   Card Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  Cardholders name:.………………………………………………………. Expiry: ……………………………………………………  CCV:……………………… Signature: …………………………………………………………………….………………..  Student name:……………………………………………………………… | |