



CHURCHLANDS  
SENIOR HIGH SCHOOL

# 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 1 August 2024**

**Academic Extension Program Testing – Saturday 24 August 2024**

### 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:.....