



# Academic Extension Program

## 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*):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

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 diagnosis (such as ADHD, dyslexia, asthma, diabetes) 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 29 January 2025 and a confirmation email to acknowledge receipt will be forwarded.**

**Application/Testing dates: Academic Extension Program Applications close – Wednesday 5 February 2025  
Academic Extension Program Testing – Saturday 22 February 2025**



### PAYMENT DETAILS (*please choose one*):

1. Application Fee: \$105
2. Payment can also 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: .....

**Payment will be processed after Wednesday 29 January 2025.**