



# ACADEMIC EXTENSION APPLICATION

**APPLECROSS**  
SENIOR HIGH SCHOOL

(Office use) Date Received: \_\_\_/\_\_\_/\_\_\_ For Academic Year: 7 For Entry Year: 2017

<b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>			
Child's surname	Given names	Date of birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
POSTAL ADDRESS (to be completed)			Postcode
Email Address:			
Telephone – Home	Work (if convenient)	Mobile Phone No.	
Year level child currently enrolled in (e.g. Year 6)			
Name of school at which the child is currently or was last enrolled:			
Please indicate whether a general Application for Enrolment has already been received by Applecross SHS: <input type="checkbox"/> Yes <input type="checkbox"/> No			
To be considered for Academic Extension program in the following learning areas: (Tick all that apply) <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> HASS			
Necessary evidence supplied in support of this application: <input type="checkbox"/> NAPLAN report <input type="checkbox"/> School report – Most recent Year or Semester <input type="checkbox"/> Department of Education GATE program acceptance			
<b>I declare that the information provided on this form is true and I accept that my child may be required to attend an Academic Test as part of this application process.</b>			
Signature of parent/guardian:		Date:	

For your Information:

- Applicants will be assessed based on the evidence provided with this application.
- All Applicants will be notified in writing of the outcome of their application.
- For queries, please contact Head of Student Services Yr7-9 on 9314 9393.