

ACADEMIC EXTENSION APPLICATION FORM



A separate college General Enrolment Form must also be completed. An Independent Public School
This application is for a High Performance program only.

STUDENT DETAILS

Surname: _____ Legal Surname _____

Given names: _____

Date of Birth (dd/mm/yy): ____/____/____ Gender: Male Female

Enrolment Year: 20____ Year 7 Year 8 Year 9 Year 10

Current Primary School: _____

PARENT DETAILS <small>tick primary carer</small>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>
SURNAME		
FIRST NAME		
STREET ADDRESS		
SUBURB		
DAY TIME PHONE NUMBER		
MOBILE PHONE NUMBER		
EMAIL		

APPLICANT HISTORY

Please write a brief statement as to why you would like to be considered for the Academic Extension Program. Include interests and experiences.

Attended P.E.A.C. in Primary School

PLEASE ATTACH TO THIS FORM - A photocopy of applicant's most recent school report as well as any supporting documentation including references and a passport size photo.

Please select how you first learnt about the High Performance Program at Wanneroo SC:

- | | | |
|---|---|--|
| <input type="checkbox"/> Specialist Program Flyer | <input type="checkbox"/> Primary School | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Department website | <input type="checkbox"/> Other _____ |

Return to: Mrs Katrina Smith – Specialist Program Co-ordinator
 Wanneroo Secondary College, 56 Quarkum Street WANNEROO
 Enquiries: 9206 6555 Email: Katrina.Smith@education.wa.edu.au