

ACADEMIC EXTENSION APPLICATION FORM



An Independent Public School

APPLICATIONS CLOSE: Friday 12th April 2019

**A separate College enrolment form must also be completed.
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 tick primary carer	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 the applicant's most recent school report.

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

- Specialist Program Flyer
 Primary School
 Family/Friend
 Newspaper Advertisement
 Department website
 Other _____

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