

Approved Specialist Programs

Application for Admission

Student Name: _____

Date: _____



STUDENT DETAILS

Current School Year: _____ Current School: _____

Date of Birth: ____/____/____

Sex: Male

Female

Student's Residential Address: _____

Post Code: _____

Parent/Guardian 1 name: _____

PG1 Home Phone: _____ PG1 Work Phone: _____ PG1 Mobile: _____

PG1 Email: _____

Parent/Guardian 2 name: _____

PG2 Home Phone: _____ PG2 Work Phone: _____ PG2 Mobile: _____

PG2 Email: _____

APPROVED SPECIALIST PROGRAMS

Please nominate the Approved Specialist Program you are applying for:

Approved Specialist Baseball Program

Approved Specialist Marine Program

Approved Specialist Music Program

Describe any background, interests, reasons that you believe make you a strong candidate for your chosen Approved Specialist Program

BASEBALL APPLICANTS ONLY

YES Name of club: _____
Name of coach: _____

NOT AT PRESENT But I used to play for (insert name of club): _____
Name of last coach: _____

NO I have never played for a club

MARINE APPLICANTS ONLY

Highest swimming level attained: _____

Do you have respiratory or ear problems?

YES Please specify: _____

NO _____

Other relevant experience: _____

MUSIC APPLICANTS ONLY

Instrument: _____ Tutor: _____

Name of Music School: _____

Time you have played: _____

Other relevant experience: _____

e.g. AMEB Grade ?, read and play notation very well, play in a local community band, write and record my own and my friend's songs, etc

CONSENT

If selected for an Approved Specialist Program I consent to, and agree to the following:

South Fremantle SHS students are required to comply with the school's dress code. <i>I am aware of the dress code requirements and will ensure that my child complies with these requirements at all times.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<i>I give permission for my child's image and work to be used where appropriate for curriculum, promotional and public relations purposes by South Fremantle SHS and the Department of Education.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Every community member (staff and students) at South Fremantle SHS has rights and responsibilities. These are clearly outlined in students' diaries and in the school rules. <i>I recognise and support the fact that my child is expected to comply with these rights and responsibilities at all times.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
South Fremantle SHS students are expected to abide by the Information & Communications Technology Policy. <i>I will support my child to comply with the intent and substance of this policy, which includes not accessing or distributing illegal/offensive materials nor being involved in 'cyber-bullying'.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
South Fremantle SHS does not allow the use of mobile phones or mp3 players whilst at school. All devices should be switched off and stored securely whilst at school. <i>I will ensure my child complies with this policy at all times.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Approved Specialist Programs attract extra charges because of their specialist nature. <i>To support my child's education in his/her Approved Specialist Program I commit to paying all associated fees and charges. I understand that my child's ongoing enrolment in the Approved Specialist Program is dependent upon these fees being paid in full.</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Should the need arise, <i>I give permission for my child to access the School Chaplaincy Service.</i> Information about this service is provided in the Student Services section of the school website.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please sign in the relevant space Date: _____

Parent/Guardian: _____

Student: _____