

# APPLICATION FORM FOR ENTRY IN YEAR 7 2022

**Applications close 21 May 2021**

**Science and Technology Academy**

Approved Specialist Program

**Japanese Specialist Program**

Approved Specialist Program

**Academic Extension Program**

LSHS Humanities and English Extension Program

*Students can apply to one, two or all of the programs. Please tick the program/s you are applying for. Don't forget to give the School Reference Form to your student's current classroom teacher.*

## STUDENT'S PERSONAL INFORMATION

Student's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present School: \_\_\_\_\_

Present School Year: \_\_\_\_\_

## ACADEMIC ACHIEVEMENTS

1. Please Attach:

- A copy of school reports for the last two semesters.
- NAPLAN results.

2. (a) Has your child participated in a WA Education Department Primary Extension, Brightpath and Challenge (PEAC) Program?

(b) If YES, in what year(s)? \_\_\_\_\_; at which centre (s)  
\_\_\_\_\_

(c) If NO, give details of any other Extension Program in which your child has participated: \_\_\_\_\_

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3. Provide results obtained in any State or National competition or activity you consider relevant. (*Photocopies of result slips will suffice*).

Competition/Activity	Year	Result

4. Please provide any other information which you believe supports your application to have your child included in an Extension Program at Leeming Senior High School.

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**PARENT/GUARDIAN DETAILS – Person 1**  
**(please print)**

**Title (Please Circle): Mr/Mrs/Ms/Miss**

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

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

**Postal Address: (if different from residential)** \_\_\_\_\_

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

**Contact Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**(all correspondence will be sent by email)**

**PARENT/GUARDIAN DETAILS – Person 2**  
**(please print)**

**Title (Please Circle): Mr/Mrs/Ms/Miss**

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Postal Address: (if different from residential)**

\_\_\_\_\_

\_\_\_\_\_

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

**Contact Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**(all correspondence will be sent by email)**

**PARENT/GUARDIAN PERMISSION**

I/We give permission for Leeming Senior High School to obtain relevant information from my/our child's present school.

**Signature 1:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature 2:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ADDITIONAL FORMS

- 1) The School Reference Form (found at the end of this document) needs to be forwarded to your current Primary School to be filled in by the Classroom Teacher – the Primary School will forward this to us.
- 2) Remember to attach an Enrolment Form.
  - a. If you live within the catchment boundary please use an IN AREA Enrolment Form.
  - b. If you live outside of the catchment boundary please use an OUT OF AREA Application Form. (Refer to the boundary map on our website to determine whether your application for enrolment will be IN AREA or OUT OF AREA.

<http://www.leeming.wa.edu.au/enrolment/> . You can also refer to the schools online link: <https://www.det.wa.edu.au/schoolsonline/home.do> )

The Department of Education and Training has designated Leeming Senior High School as a local intake area school. Under the School Education Regulations 2000 that specify enrolment priorities, guarantee is for every student to have a place at a school based on their usual place of residence. Enrolment decisions in public schools are made according to criteria based on age, resident location, visa status and educational needs.

Our three local Primary Schools are Leeming, West Leeming and Banksia Park. If your child is attending one of these local schools and their usual place of residence is not in the local intake area, your application will be an OUT OF AREA application.

## APPLICATION CHECKLIST

Before sending the application please make sure you have all the items on this list ticked and all the relevant documents attached.

Application Form Completed	
Enrolment Form (In Area or Out of Area)	
School Reference Form given to Primary School	
School Reports (last 2 semesters)	
NAPLAN results	
Medicare Immunisation Certificate (AIR)  (Obtain this certificate via the <a href="https://my.gov.au/">https://my.gov.au/</a> By downloading the pdf. From the Medicare section)	
Birth Certificate/Passport	

Applications can be hand delivered to the School Office, e-mailed to  
leeming.shs.enrolments@education.wa.edu.au or posted to:

**Administration**

Leeming Senior High School  
Aulberry Parade LEEMING, WA

6149

**Please return on or before Friday 21 May 2021**



## SCHOOL REFERENCE FORM

**This form should be completed by the Applicant's current classroom teacher.**

*The completed form is to be sent directly by the school to the address below and received by **Friday 21 May 2021**.*

The Principal  
 Leeming Senior High School  
 Aulberry Parade  
 LEEMING, WA  
 6149

### CONFIDENTIAL SCHOOL REFERENCE

**Student Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Year of Schooling: \_\_\_\_\_

**Referee Details**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Thank you for completing this reference. It would be appreciated if you could comment on the suitability of the applicant for a position in our Extension Programs using the headings provided below.

**Personal and Social Development**

Please comment on personal and interpersonal skills and abilities relative to other Year 6 students. (Place a ✓ in a box)

Attributes	Outstanding	Very Good	Average	Below Average
Speed and depth of learning				
Critical thinking skills				

Personal organisation				
Ability to work independently				
Ability to work productively in a group				
Commitment to school				
Commitment to reach own potential				



**Other Comments**

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Please tick ✓ you level of endorsement for the applicant's inclusion in the Program.

Highly Recommended	
Recommended	
Not Recommended	

**Signature of Referee:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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