

Cecil Andrews College



Academic Extension Program

Student Application Form

Student's Surname	Given Names			
Date of Birth	Sex (M/F) School Currently	attending		
Surname of Parent/Guardian _	Given Names Mr/Mrs		Mr/Mrs/Ms	
Residential Address	Postcode		de	
Home Phone	Work	Mobile		
Email				
I/We support this application understand that maintaining throughout the course that in the school. Student performant	g a place in the program is notude attendance and behave	s based on the ongoing as viour, and entering into a pl	ssessments conducted acement contract with	
I/We have enclosed:				
• •	's most recent school report 's most recent NAPLAN result	s for both literacy and nume	racy	
Based on the information provisional approval to enter			AC, students may gair	
The school's decision on suital	ble candidates will be final.			
Parent Signature	Stud	dent Signature		
Date				

Please return the completed application form with attached documents to the AEP Coordinator: Mrs Jane Vearer, Cecil Andrews College, 39 Seville Drive, Seville Grove WA 6112



Cecil Andrews College



Academic Extension Program

Teacher Reference (from Primary School)

Primary School:						
Teacher Name:			Curr	rent teacher (Y/N)		
Student Name:						
Academic:	Excellent	Above average	Average	Below average		
Literacy						
numeracy						
> science skills						
Personal resilience:	Excellent	Above average	Average	Below average		
Commitment to	Excellent	Above average	Average	Below average		
Learning						
In what way does the student add to the classroom or school activities?						
Do you recommend this student for an Academic Extension Program? Yes/No						
Comment:						

Please return the completed application form with attached documents to the AEP Coordinator: Mrs Jane Vearer, Cecil Andrews College, 39 Seville Drive, Seville Grove WA 6112