



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/Ms
Residential Address _____ Postcode _____
Home Phone _____ Work _____ Mobile _____
Email _____

I/We support this application for inclusion in the Cecil Andrews College Academic Extension Program, and understand that maintaining a place in the program is based on the ongoing assessments conducted throughout the course that include attendance and behaviour, and entering into a placement contract with the school. Student performance is reviewed at the end of each semester, or earlier if there are concerns.

I/We have enclosed:

- A copy of the student's most recent school report
- A copy of the student's most recent NAPLAN results for both literacy and numeracy

Based on the information provided and the results of aptitude testing run by CAC, students may gain provisional approval to enter the Academic Extension Program.

The school's decision on suitable candidates will be final.

Parent Signature _____ Student 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**