## **BALCATTA ACADEMIC EXTENSION PROGRAM**





## STUDENT'S DETAILS

Student's Surname:			
Student's Given Names:			
Current School	DOB: .		☐ Female
Address:			
PARENT/GUARDIAN'S DETAILS			
Parent/Guardian's Surname:			
Parent/Guardian's Given Names:			
Mobile No:Wo	ork No:	Home No:	
Email:			
I support my child's application for ir Extension program for Year 7 students be offered, we commit to the extension Year 9.	in 2019. In applying	for this position, should a	a placement
<ul> <li>I have enclosed copies of my child's:</li> <li>Year 6 Semester 1 2018 school report</li> <li>Year 5 NAPLAN results for both literation</li> </ul>	•		
I am familiar with the requirement for my at Balcatta Senior High School and am interview following this date.			
Parent's Signature:			
Student's Signature:		Date:	

Please post your application, marked to the attention of Ms Amy Blitvich, AEP Co-ordinator, Balcatta Senior High School, 31 Poincaire Street, Balcatta WA 6021 or by email to <a href="mailto:amy.blitvich@education.wa.edu.au">amy.blitvich@education.wa.edu.au</a>. **Applications close Friday 27 July 2018.** 

Attached is a form for your child's teacher to complete. It would be appreciated if you could

ask the teacher to send the form direct to Balcatta Senior High School.

You will be advised if you have been successful in your application in writing by the AEP Co-ordinator no later than **Friday 14 September 2018.** 



## **BALCATTA ACADEMIC EXTENSION PROGRAM**

## Teacher's Reference - 2019

Student's Name:						
Primary School:						
Teacher's Name:						
	Excellent	Above Average	Average	Below Average		
Literacy						
Numeracy						
Science skills						
Ability to deal with challenge/change						
Problem solving/thinking						
Do you believe this student is suitable for an academic extension program? ☐ Yes ☐ No						
Comment:						

Please return this form direct to:

Amy Blitvich
Balcatta Senior High School
31 Poincaire Street
BALCATTA WA 6021

or