



# ACHIEVE PROGRAM

## YEAR 7 APPLICATION FORM

### STUDENT DETAILS

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

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

Preferred name: \_\_\_\_\_

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

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

Male  Female  Other

### PARENT/GUARDIAN DETAILS

Title: Mr  Mrs  Ms  Dr

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

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

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

Mobile No: \_\_\_\_\_

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

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

### ANSWER THE BELOW QUESTION IN 100 WORDS OR LESS

**How are you going to make a difference in this world?**

Signed by parent/s: \_\_\_\_\_

Signed by teacher/deputy/classroom teacher: \_\_\_\_\_

### IMPORTANT NOTES

In your application, please include your most recent semester grades, and any other certificates or commendations you think would help your application.

AN INDEPENDENT PUBLIC SCHOOL