



**THE ACADEMIC EXCELLENCE PROGRAM
APPLICATION FORM**

Southport State High
INDEPENDENT PUBLIC SCHOOL

Please complete all sections and forward to the Executive Principal by Monday 29th July 2019.

(Applications may be emailed to excellence@southportshs.eq.edu.au or delivered to the school administration on or before this date)

NAME: _____ DATE: _____

D.O.B: ____ / ____ / ____ MALE / FEMALE: _____

CURRENT YEAR LEVEL: _____ CURRENT SCHOOL: _____

CURRENT SIBLING ATTENDING SOUTHPORT SHS: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____ @ _____

PHONE: _____ MOBILE: _____

1. SCHOOL ACADEMIC ACHIEVEMENTS: (Academic Competitions results, academic awards etc.)

2. ACADEMIC ACHIEVEMENTS OUTSIDE OF SCHOOL: (Involvement in gifted and talented programs, young scholars, science competitions etc.)

3. FUTURE ASPIRATIONS IN THE ACADEMIC FIELD:

4. HOW DO YOU BELIEVE THE ACADEMIC EXCELLENCE PROGRAM WOULD ASSIST YOUR ACADEMIC GROWTH?

THE ACADEMIC EXCELLENCE PROGRAM CHECKLIST:

- I have completed all sections of attached application form.
- I have included all supporting documentation in relation to my academic achievements.
- I have included copies of my last two school reports.
- I have included my Year 5/7/9 NAPLAN results (Most recent).
- I am available to attend the Academic Excellence exam at Southport State High School on Friday, 16th August 2019 at 8am. Each student will receive an email with the date of the exam if shortlisted.
- I understand that it is a requirement of the program that I display appropriate behavior and attitude across all areas of learning and am aware that should my behavior be less than exemplary I may be at risk of losing my excellence position.
- I understand the decision with regard to the awarding of entry into a program of excellence, scholarships and ongoing participation in the program will be at the discretion of the Principal.
- I have read the [Excellence Programs Parent Information booklet](#) and understand the requirements for audition / interview / trial / exam associated with the program.

STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____ DATE: ____ / ____ / ____

Out of Catchment Applications

Please note that we will be accepting Out of Catchment applications for our 2020 intake. Out of Catchments will be considered on the strength of the application. Applicants with siblings currently enrolled at the school are encouraged to apply.

Excellence Program Fees (non-refundable)

1 Excellence Program	2 Excellence Programs	3 Excellence Programs
<u>One</u> of Academic Excellence (ACE) Sports Excellence Creative Arts Excellence	<u>Two</u> of Academic Excellence (ACE) Sport Excellence Creative Arts Excellence (or one from two programs)	<u>Academic Excellence (ACE)</u> + <u>Two</u> of Sports Excellence Creative Arts Excellence (or one from each program)
Examples Dance Excellence Sports Specialisation – AFL Academic Excellence	Examples Dance + Drama Excellence Dance + Sports Specialisation – Basketball Dance + ACE	Examples ACE + Dance + AFL ACE + AFL + Elite Development Program ACE + Dance + Drama
\$100	\$200	\$210

Academic Excellence Scholarship Expression of Interest

Student Name: _____

I would like to express my interest in my child being considered for a Southport State High Independent Public School scholarship. I understand that scholarships will be awarded to students who are within the top 5% of the cohort at the conclusion of Academic Excellence testing.

Parent Name: _____

Parent Signature: _____