



Southport State High  
INDEPENDENT PUBLIC SCHOOL

## THE ACADEMIC EXCELLENCE PROGRAM APPLICATION FORM

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.)

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

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3. FUTURE ASPIRATIONS IN THE ACADEMIC FIELD:

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

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## 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 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **APPLICATION FEE (for Non-Catchment Applications only with no sibling currently attending):**

A once only, non- refundable \$50 administration fee must be paid with the submission of an application to any Excellence Programs for any students who currently reside **outside** of the Southport State High School catchment area (and do not currently have a sibling attending). Please note, this fee is **payable only once**, even if submitting multiple Excellence Programs applications.

Please refer to our school website for a current map of the catchment area:

<https://southportshs.eq.edu.au/enrolments/catchment-area>

#### Bank Transfer

Bank: Commonwealth Bank of Australia

Account Name: Southport SHS General A/C

BSB: 064-430

Account Number: 00090200

Reference: **CATCH (student name)**

Alternatively, payment can be made at the school office Monday – Wednesday, 8am – 12.30pm only.