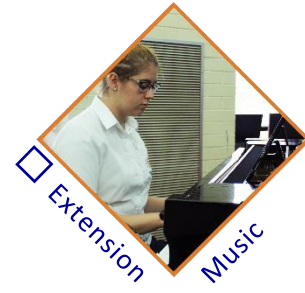
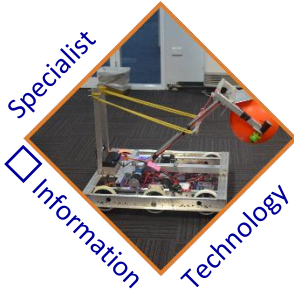




Application Form

# Specialist / Extension Programs



Please tick one of the boxes above to select the Program you are interested in

### STUDENT DETAILS

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Post Code \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

If applying for Music Extension do you already play an instrument? (please tick)  YES  NO

If **YES** which instrument/s: \_\_\_\_\_

Please rate your reference of instrument below from 1 – 7:

Voice  Electric Guitar  Classical Guitar  Bass Guitar  Acoustic Guitar

Drums  Saxophone  Clarinet  Brass (Trumpet/Trombone)

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Please send the completed application form and a copy (do not send original) of your most recent school report to:

POST: Armadale SHS, The Arts & IT, 169 South West Hwy, Armadale 6112

EMAIL: Armadale.SHS@education.wa.edu.au

The coordinator will contact you soon about your application.