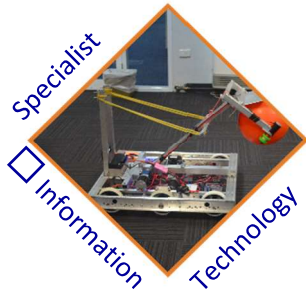




Armadale
SENIOR HIGH SCHOOL

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:

- | | | | | |
|--------------------------------|--|---|---|--|
| <input type="checkbox"/> Voice | <input type="checkbox"/> Electric Guitar | <input type="checkbox"/> Classical Guitar | <input type="checkbox"/> Bass Guitar | <input type="checkbox"/> Acoustic Guitar |
| <input type="checkbox"/> Drums | <input type="checkbox"/> Saxophone | <input type="checkbox"/> Clarinet | <input type="checkbox"/> 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 Head of Learning Area will contact you soon about your application.

Aspire . Strive : Achieve 