



**YEAR 7 2020
SPECIAL PROGRAM
APPLICATION**

Student Surname

Student Given Names

Preferred Name

Date of Birth

Gender: Male

Female

Present School

Were you identified and/or attended a PEAC program?

Yes

No

If yes, which PEAC Centre did you attend?

Parent/guardian Title: Mr Mrs Ms Dr

Parent/guardian Surname

Parent/guardian Given Name

Home address

Postcode

Postal address

Postcode

Home Phone

Work Phone

PROGRAM YOU ARE APPLYING FOR:

Estimated Cost ONLY

Approved Specialist Program

Fame Academy \$135.00

Please tick to acknowledge that this program incurs EXTRA CHARGES that must be paid upfront

ACE

Are there specialist programs in your current school?

Yes

No

If YES, please describe the program/s

Parent/Guardian & Student Signature:

(Please ensure that you have each referee's consent before completing)

(Parent/Guardian Name)

(Student Name)

(Referee's name)

(Relationship to Student)

(Referee's name)

(Relationship to Student)