Swan View
SENIOR HIGH SCHOOL

YEAR 7 2023 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/caregiver Title: Mr ☐ *Mrs* ☐ *Ms* ☐ *Dr* ☐

Parent/caregiver Surname

Parent/caregiver Given Name

Home address

Postcode

Postal address

Postcode

Home Phone

Work Phone

PROGRAM YOU ARE APPLYING FOR:

Estimated Cost ONLY

Approved Specialist Program. Please tick to acknowledge that this program incurs EXTRA CHARGES that must be paid upfront

FAME Academy	☐	*$135.00*

School based Specialist Programs.

ACE Program	☐	*N/A*
Elite Basketball	☐	*$40*

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/Caregiver Name) *(Student Name)*

(Referee's name) *(Relationship to Student)*

(Referee's name) *(Relationship to Student*