



**YEAR 7 2024  
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)