



CVC Approved Specialist Program Application Form

Please indicate which Specialist Program you are applying for (please tick all that apply):

**You may be successful in being accepted in to multiple programs however due to timetable constraints each year you may be asked to choose only one program.*

- | | |
|--|---|
| <input type="checkbox"/> Academic Extension | <input type="checkbox"/> Visual Art Extension |
| <input type="checkbox"/> STEM (Engineering) | <input type="checkbox"/> Music Specialist |
| <input type="checkbox"/> Languages (Italian or Indonesian) | <input type="checkbox"/> Circus Specialist |

Student First Name: _____	Parent First Name: _____
Student Surname: _____	Parent Surname: _____
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> indeterminate	Address: _____
Birth Date: _____	_____
Phone: _____	Postcode: _____
Mobile: _____	Email: _____
Current Primary School: _____	Commencing Year 7 at CVC in 20 _____

How did you learn about the Specialist Program you are applying for?

- Advertisement Primary School Friends Enrolment Pack Other

If applying for the Specialist Language Program, please fill out the below questions:

What Language are you applying for: _____

What language has your child studied in Primary School? _____

What language/s does your child speak at home? _____

If applying for the Specialist Music Program, please fill out the below questions:

Are you currently an Instrumental Music School Services (IMSS) student? Yes No

Please number in preference only the instruments you wish to be considered for (do not number them all)

- | | | | |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Bass Guitar | <input type="checkbox"/> Classical Guitar | <input type="checkbox"/> Vocals | <input type="checkbox"/> Rock Drumming |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Flute | <input type="checkbox"/> Percussion | <input type="checkbox"/> Contem. Keyboard |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Electric Guitar | <input type="checkbox"/> Violin | <input type="checkbox"/> Brass |



Application Checklist

Please ensure you attach the following supporting documentation with this application

- Most recent school report
- Most recent NAPLAN report
- Any additional evidence of academic ability, work ethic and behaviour
- Teacher Reference

Please return this form along with your completed enrolment application to:
Canning Vale College, 26 Dumbarton Road, Canning Vale WA 6155

or

Email: admin.canningvale.college@education.wa.edu.au



CVC Approved Specialist Program Teacher Reference

Primary School: _____

Teacher Name: _____

Student Name: _____

Average	Excellent	Above Average	Average	Below
➤ Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Science Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Commitment to Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what way does the student add to the classroom or school activities?

Do you recommend this student for a Specialist _____ Program? Yes / No

Comment:
