



## 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"/> ARTS Extension   |
| <input type="checkbox"/> STEM (Engineering)                | <input type="checkbox"/> Music Specialist |
| <input type="checkbox"/> Languages (Italian or Indonesian) |   |

Student First Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

Student Surname: \_\_\_\_\_ Parent Surname: \_\_\_\_\_

Gender:  male  female  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"/> Clarinet    | <input type="checkbox"/> Flute            | <input type="checkbox"/> Percussion    |
| <input type="checkbox"/> Brass       | <input type="checkbox"/> Electric Guitar  | <input type="checkbox"/> Rock Drumming |



**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](mailto: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?

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

Comment:

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