SPECIALIST PROGRAM APPLICATION FORM

Student Details

Legal Surname			
Given Name/s			
		Date of Birth	
Gender	Male ☐ Female ☐ Other ☐		
Residential Address	Street		
	Suburb	Postcode	
Current School		Year Commencing at CVC	**20**

Parent/Guardian Details

Surname	
Given Name/s	
Email	
Contact Number	

Specialist Program

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

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

☐ Academic Extension   ☐ Languages - Indonesian

☐ STEM – Engineering   ☐ Languages - Italian

☐ Arts Extension

☐ Music Specialist

Creating Futures

If applying for the Specialist Languages Program, please complete the below questions:

What language/s has your child studied in Primary School? _____

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

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

Is the student currently an Instrumental Music School Services (IMSS) student? ☐ Yes ☐ No

Number *in preference order* the instruments you wish to be considered for (do not number them all)

☐ Bass Guitar	☐ Classical Guitar	☐ Vocals
☐ Clarinet	☐ Flute	☐ Percussion
☐ Brass	☐ Electric Guitar	☐ Rock Drumming

Application Checklist

☐ Most recent school report

☐ Most recent NAPLAN report

☐ Any additional evidence of academic ability, work ethic and behaviour

☐ Reference letter from a teacher (attached)

Terms & Conditions
- I am aware that applying for a Specialist Program does not guarantee placement.
- I am aware that Specialist Programs require significant commitment and engagement for all offered activities and I am confident that I will be able to meet these requirements.
- I understand that maintaining a place in a Specialist Program is based on the ongoing assessment conducted throughout the year and if I am not able to keep up with the standard of work or expected behaviour, my place in the program may be reassessed.

_____   _____   _____
Student Name   Student Signature   Date

_____   _____   _____
Parent/Guardian Name   Parent/Guardian Signature   Date

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

Please note: Forms completed online do not require a signature if unable to sign digitally

SPECIALIST PROGRAM
TEACHER REFERENCE

Primary School: _____

Teacher Name: _____

Student Name: _____

	Excellent	Above Average	Average	Below
Literacy				
Numeracy				
Science Skills				
Leadership Qualities				
Commitment to Learning				

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:

_____

_____

_____