The Apollo Project Application Form

Aristotle Academy in 2025

Current Year level (circle): 7 8 9

Studer	nt (applicant) Name:		Date of Birth:			
Prima	ry School:					
Parent	/Guardian / Carer Name/s: _					
Address:			(number & s	treet)		
			(suburb)	(postcode)		
Phone	number: (home)	(mobile)				
E-mail address (Parent/Guardian):						
STEP 1	<u>1:</u>					
	I am a current Year 8 Aristotle school reports)	Academy student (att	ach a copy of your?	2023 Semester 1 and Term 3		
	I am a current Year 9 Aristotle school reports)	Academy student (atta	ach a copy of your?	2023 Semester 1 and Term 3		
	I am a new Aristotle applican	t for Year (circle) 8	9 10			
	Please attach COPIES of certi attachments will NOT be retu	-				

Please return completed Applications are to be submitted to the Student Window for processing by Friday 25th October 2024.

Deputy Principal Ms Cherryl Perry will advise successful applicants by Friday 8th November 2024.

STEP 2. ACADEMIC ACHIEVEMENT
Attach a copy of your 2 most recent school reports (e.g. Semester 1 2024, and term 3 2024). Attach copies of any relevant certificates of academic achievement or competitions in which you have been involved.
<u>STEP 3</u> . CONDUCT
Please ask your teacher (English) to complete the section below, indicating your level of conduct, work rate and potential to succeed in an extended learning environment for English.
Teacher:
<u>STEP 4.</u> CAREER AND STUDY ASPIRATIONS
Please indicate why you would like to be in the Aristotle Academy in 2025. Comment on your career aspirations.

STEP 5. PARENT COMMITMENT					
Parent/s need to demonstrate support for your application to the Aristotle Academy.					
<u>STEP 6.</u> ADDITIONAL INFORMATION					
If you wish the school to consider any additional information, please outline this information below or attach the appropriate supporting data.					

In submitting this form, I declare that the information supplied on this form and in the accompanying documents and statements is complete and correct to the best of my knowledge.

If any of the information is found to be false or misleading, I accept that Dalby State High School may cancel any offer that might be awarded to me on the basis of this application.

Applicant Name:		
Signature:	Date:	
Parent/Guardian / Carer Name: _		
Signature:	Date:	