The Apollo Project Application Form

Atlas Academy in 2025

Current Year level (circle):   7   8

Student (applicant) Name: _____ Date of Birth: _____

Parent /Guardian / Carer Name/s: _____

Address: _____ (number & street)

_____ (suburb) _____ (postcode)

Phone number: (home) _____ (mobile) _____

E-mail address (Parent/Guardian): _____

Please attach COPIES of certificates and reports to this application. The application and attachments will NOT be returned to the student once the selection process is finalised.

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 1. ACADEMIC ACHIEVEMENT

☐ I am a current Year 8 Atlas Academy student (attach a copy of your 2024 Semester 1 and Term 3 2024 school reports)

☐ **I am a new Atlas applicant for Year (circle)   8   9**

STEP 2.

☐ Attach a copy of your 2 most recent school reports (Semester 1 2024 and term 3 2024).

☐ Attach copies of any relevant certificates of performance achievement or competitions in which you have been involved (or list below).

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_____

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STEP 3. CONDUCT

Please ask your Health and Physical Education teacher to complete the section below, indicating your level of conduct, work rate and potential to succeed in an extended learning environment for Health and Physical Education.

Teacher: _____

_____

_____

_____

_____

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STEP 4. CAREER AND STUDY ASPIRATIONS

Please indicate why you would like to be in the Atlas Academy in 2025. Comment on your career aspirations.

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STEP 5. PARENT COMMITMENT

Parent/s need to demonstrate support for your application to the Atlas Academy.

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STEP 6. ADDITIONAL INFORMATION

If you wish the school to consider any additional information, please outline this information below or attach the appropriate supporting data.

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STEP 7: Sporting Excellence Program

I would also like to be considered for the Sporting Excellence Program in 2025   YES ☐   NO ☐

STEP 8: CONFIRMATION

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: _____

Signature: _____ Date: _____