## The Apollo Project Application Form

## **Aeschylus Academy in 2026**

Current Year level (circle): 8 9

Studer	nt (applicant) Name:	_ Date of Birth:		
Prima	ry School:			
Parent	:/Guardian/Carer Name/s:			
Addre	ss:	(number & street)		
		(suburb)	_(postcode)	
Phone	number: (home) (mobile)			
E-mail address (Parent/Guardian):				
<u>STEP 1:</u>				
	I am a current Year 9 Aeschylus Academy student (2025 school reports and go to step 7)	attach a copy of your 2025 S	emester 1 and Term 3	
	I am a new Aeschylus applicant for Year (circle)	O 10 (complete steps 2	2 to 7)	
Please return completed Applications are to be submitted to the Student Window for processing by Monday 12th October 2025.				
	y Principal Student Engagement and Wellbeing ny 26th October 2025.	g will advise successful a	pplicants by	
г				
	Please attach COPIES of certificates and reports to attachments will NOT be returned to the student			

STEP 2. ACADEMIC ACHIEVEMENT			
Attach a copy of your 2 most recent school reports (e.g. Semester 1 2025, and Term 3 2025).  Attach copies of any relevant certificates of performance achievement or competitions in which you have been involved (or list below).			
STEP 3. CONDUCT  Please ask your teacher/s (Drama and Music) to complete the section below, indicating your level of conduct, work rate and potential to succeed in an extended learning environment for Drama and Music.			
Teacher:			
Teacher:			

<u>STEP 4.</u> CAREER AND STUDY ASPIRATIONS
Please indicate why you would like to be in the Aeschylus Academy in 2025. Comment on your care aspirations.
STEP 5. PARENT COMMITMENT
Parent/s need to demonstrate support for your application to the Aeschylus Academy.
<u>STEP 6.</u> ADDITIONAL INFORMATION
If you wish the school to consider any additional information, please outline this information below of attach the appropriate supporting data.

## **STEP 7.** 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:
STATUS:	
Dalby SHS HOD - THE ARTS	
Signature:	Date:
Deputy Principal	
Signature:	Date: