The Apollo Project Application Form

2026 STEM Academy

Current Year level (circle): 6 7 8 9

Stude	nt (applicant) Name:	Date of Birth:			
Prima	ry School:	-			
Paren	t /Guardian / Carer Name/s:				
Address:		(number & street)			
		(suburb)	(postcode)		
Phone	e number: (home)	(mobile)			
E-mail address (Parent/Guardian):					
STEP 1: I am a new STEM applicant for Year (circle) 7 8 9 I am a current Year 7 STEM Academy student (attach a copy of your 2025 Semester 1 and Term 3 school reports and go to step 7) I am a current Year 8 STEM Academy student (attach a copy of your 2025 Semester 1 and Term 3					
school reports and go to step 7) I am a current Year 9 STEM Academy student (attach a copy of your 2025 Semester 1 and Term 3 school reports and go to step 7)					
Please return completed Applications to the Student Window for processing by Monday 12 th October 2025.					
_	y Principal, Student Engageme ay 26th October 2025.	ent and Wellbeing will advise successful	applicants by		
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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.

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 academic achievement or competitions in which you have been involved.				
<u>STEP 3</u> , CONDUCT				
Please ask your teacher/s (Math and Science) to complete the section below, indicating your level of conduct, work rate & potential to succeed in an extended learning environment for Mathematics and Science.				
Teacher:				
Teacher:				

<u>STEP 4.</u> CAREER AND STUDY ASPIRATIONS
Please indicate why you would like to be in the STEM Academy in 2026. Comment on your career aspirations.
STEP 5. PARENT COMMITMENT
Parent/s need to demonstrate support for your application to the STEM Academy.
BYOX Devices Due to the nature of the APOLLO STEM Program, students are strongly encouraged to bring their own devices.
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.

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 revoke any offer that might be awarded to me based on this application.

I accept that continued participation in the program requires consistent strong academic achievement; students who are unable to meet this expectation may be transitioned out.

Applicant Name:		
Signature:	Date:	
Parent/Guardian / Carer Name:		
Signature:	Date:	
STATUS:		
Dalby SHS HOD - STEM		
Signature:	Date:	
Deputy Principal		
Signature:	Date:	