The Apollo Project Application Form

Aristotle Academy in 2026

Current Year level (circle): 7 8 9

Student (applicant) Name:	_ Date of Birth:	
Primary School:		
Parent /Guardian / Carer Name/s:		
Address:	(number & stree	et)
	(suburb)	(postcode)
Phone number: (home) (mobile)		
E-mail address (Parent/Guardian):		<u> </u>
<u>STEP 1:</u>		
I am a current Year 8 Aristotle Academy student (at school reports)	ttach a copy of your 202	5 Semester 1 and Term 3
I am a current Year 9 Aristotle Academy student (at school reports)	ttach a copy of your 202	5 Semester 1 and Term 3
I am a new Aristotle applicant for Year (circle) 8	9 10	
Please return completed Applications are to be submi by Monday 12th October 2025.	itted to the Student W	indow for processing
Deputy Principal Student Engagement and Wellbeing Monday 26th October 2025.	g will advise successf	ul applicants by
Please attach COPIES of certificates and reports to the attachments will NOT be returned to the student onco		

<u>STEP 2.</u> 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.
STEP 3. CONDUCT
Please ask your teacher (English) to complete the section below, indicating your level of conduct, work ratand 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 2026. Comment on your career aspirations.

<u>STEP 5.</u> 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.

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.

I understand that I must keep a high standard of academic achievement and engage in all activities offered otherwise my place within the program may be at risk.

Applicant Name:		
Signature:	Date:	
Parent/Guardian / Carer Name:		
Signature:	Date:	
ST A TI IS .		
STATUS:		
Dalby SHS HOD - ENGLISH		
Signature:	Date:	
Deputy Principal		
Signature:	Date:	