## The Apollo Project Application Form Aristotle Academy in 2024

Current Year level (circle): 7 8 9

Stude	ent (applicant) Name:		_ Date	of Birt	th:	
Prima	ary School:					
Parent	nt /Guardian / Carer Name/s:					
Addre	ress:			_ (num	nber & street)	
			(s	suburb	)	_ (postcode)
Phone	e number: (home) (mo	obile)				
E-mail	il address (Parent/Guardian):					
STEP :	<u>? 1:</u>					
	I am a current Year 8 Aristotle Academy str school reports and go to step 7)	adent (a	ttach a	а сору	of your 2023 Se	emester 1 and Term 3
	I am a current Year 9 Aristotle Academy str school reports and go to step 7)	ıdent (a	ttach a	а сору	of your 2023 So	emester 1 and Term 3
	I am a new Aristotle applicant for Year (circ	le) 8	9	10	(complete ste	eps 2 to 7)
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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	2. ACADEMIC ACHIEVEMENT
	Attach a copy of your 2 most recent school reports (e.g. Semester 1 2023, and term 3 2023).  Attach copies of any relevant certificates of academic achievement or competitions in which you have been involved.
Please	3. CONDUCT ask your teacher (English) to complete the section below, indicating your level of conduct, work rate otential to succeed in an extended learning environment for English.
Teache	er:
STED 2	4. CAREER AND STUDY ASPIRATIONS
	indicate why you would like to be in the Aristotle Academy in 2024. Comment on your career

TED E DADENIT COMMIT	PMENIT
GTEP 5. PARENT COMMIT	
arent/s need to demonstra	ate support for your application to the Aristotle Academy.
<u>step 6.</u> additional info	FORMATION
f you wish the school to cor attach the appropriate suppo	nsider any additional information, please outline this information below corting data.

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STEP :	7. ( (	)NH	RM	$A \Pi I$	

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	