## The Apollo Project Application Form Atlas Academy in 2024

Current Year level (circle): 7 8

Stude	nt (applicant) Name: Date of Birth:
Paren	t /Guardian / Carer Name/s:
Addre	ess: (number & street)
	(suburb) (postcode)
Phone	e number: (home) (mobile)
E-mai	l 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.
<u>STEP</u>	1. ACADEMIC ACHIEVEMENT
	I am a current Year 8 Atlas Academy student (attach a copy of your 2023 Semester 1 and Term 3 scho reports and go to step 7)
	I am a new Atlas applicant for Year (circle) 8 9 (complete steps 2 to 7)
<u>STEP</u>	<u>2</u> .
	Attach a copy of your 2 most recent school reports (Semester 1 2023 and term 3 2023).
	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 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:
<u>STEP 4.</u> CAREER AND STUDY ASPIRATIONS
Please indicate why you would like to be in the Atlas Academy in 2024. Comment on your career aspirations.
<u>STEP 5.</u> PARENT COMMITMENT
Parent/s need to demonstrate support for your application to the Aeschylus Academy.

<u>STEP 6.</u> ADDITIONAL INFO	PRMATION	
If you wish the school to con attach the appropriate suppo		ease outline this information below or
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<b>STEP 7:</b> Sporting Excellence	Program	
I would also like to be consid	ered for the Sporting Excellence Pro	ogram in 2024 YES NO
STEP 8: CONFIRMATION		
9	lare that the information supplied o complete and correct to the best of a	n this form and in the accompanying my knowledge.
•	ound to be false or misleading, I acce e awarded to me on the basis of this	ept that Dalby State High School may application.
Applicant Name:		
Signature:	Date:	
Parent/Guardian / Carer Na	me:	
	Date:	
	Date:	