

Bundaberg North State High School LEAP Application Form (Year 7- 2018)



Name of student:		Sex: M or F	Date of birth:
Current School:		Year level:	Name of parent:
Address:		Suburb:	Postcode:
Phone: home	Phone: mobile		Email:

Applicants are requested to supply copies of the following documents;

1. Application form complete with signatures from parents, teacher and Principal
2. 200 word application on why you should be included in our LEAP Program (this application can be in a multi modal format or written)

SIGNATURE OF PARENT/GUARDIAN: _____

1. Teacher Declaration

Please indicate with a ✓ next to each of the following statements to confirm your recommendation of the applicant.

I declare that I believe the applicant _____ is suitable for the

Academic Extension Program LEAP at Bundaberg North State High School:

- Has excellent organisational and time-management skills
- Displays a high level of maturity
- Has demonstrated a consistently high standard of academic achievement

Teacher Signature: _____

2. Principal Declaration

I certify that this student _____

- An excellent Behaviour management record
- My support to be included in a program of academic Excellence.

Principal Signature: _____

**Please return this form and the supporting documentation to Deputy Principal Junior Schooling – Belinda Arnold,
Bundaberg North State High School, 9 Marks Street, North Bundaberg. 4670 or email to
principal@bundnortshs.eq.edu.au by 9:00am Monday 9th October, 2017**

