

APPLIC
ATION
FOR
ADVENTURE



AUSTRALIAN
SCIENCE &
MATHEMATICS
SCHOOL

Application

10,0875

A. 3486

B. 4095

C. 4424

step 1 to be completed by the student and sent to the ASMS.

1. Surname | Given Names (s) | Male Female

2. Age & Date of Birth | 3. Country of Birth

Age Day Mth Year

4. If not born in Australia | Visa Sub-class

Year of arrival in Australia

5. Main language spoken in the home

6. Home Address | Home telephone

No. Street Town or Suburb State Postcode

7. Postal Address (if applicable)

8. Boarding Address (if applicable)

9. Email Address (if applicable)

10. School Currently Attending | Current year level

11. What date do you intend to commence at ASMS? | Month/Year

12. Are there any particular factors of which the ASMS should be aware? eg. your location, access to the school, cultural background, religious beliefs. If you do not wish to give details on this form, please forward a letter marked Private and Confidential to the Principal, ASMS.

13. Does the applicant have any special educational needs as a result of physical disability or learning difficulties?

14. Name of Father/Guardian/Caregiver

15. Home Address | Daytime Phone No

No. Street Town or Suburb State Postcode

16. Name of Mother/Guardian/Caregiver

17. Home Address | Daytime Phone No

No. Street Town or Suburb State Postcode

18. Additional Information (eg. if applicable: Who is entitled to custody/access?)

19. Does the applicant receive School Card Scheme assistance? Yes No

20. Optional Question: To enable the school to focus future promotional activities, we would appreciate your answers to the following question:

Q. How did you hear of ASMS? (Please tick the appropriate boxes)

- Word of Mouth Advertising (If yes, which form/where)
 Media Article Other (Please specify)
 Current School

THE CHOICE IS YOURS

step 3 to be completed by parent/guardian.

Part 1: Please describe the ways in which the educational opportunities offered at the ASMS suit your daughter or son.

Part 2: What support will your daughter or son need for success in the ASMS learning program as outlined in the information brochure?

Part 3: Provide any additional information that the ASMS should consider when evaluating your daughter's or son's application to the ASMS.

step 4 to be completed by applicant and parent/guardian.

Note: Have you provided additional information as detailed in the blue form (available on ASMS website)?

I declare that the information as stated above is, to the best of my knowledge, correct.

Signature of Applicant

Date

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date



AUSTRALIAN
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SCHOOL

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