

**YOUR
APPLICATION FOR
EXTRAORDINARY
LEARNING.**



AUSTRALIAN
SCIENCE &
MATHEMATICS
SCHOOL

Yr 10 + 11 + 12

asms.sa.edu.au

Application

Step 1 Please provide the following information about the applicant.

Surname		Given Name(s)				<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Non-binary	
Age & Date of Birth		Age	Day	Mth	Year	Country of Birth			ATSI <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not born in Australia				Year of arrival in Australia		Main language spoken at home					
Applicant home address		No.	Street		Town/Suburb		State	Postcode	Contact Number		
Postal address (if applicable)											
Email address											
School currently attending								Current year level			
When do you intend to commence at the ASMS?								Month/Year			
If you do not wish to give details to the following 2 questions on this form, please include a separate letter marked Private & Confidential to the Principal, ASMS.											
Are there any particular factors of which the ASMS should be aware? Eg. Location, access to school, cultural background, religious beliefs											
Does the applicant have any special educational needs as a result of physical disability, learning difficulties or mental health issues? Please provide details.											
Name of Parent 1/Guardian/Caregiver											
Home address		No.	Street		Town/Suburb		State	Postcode	Contact Number		
Email address											
Name of Parent 2/Guardian/Caregiver											
Home address		No.	Street		Town/Suburb		State	Postcode	Contact Number		
Email address											
Additional information (eg. if applicable: Who is entitled to custody/access?)											
How did you hear about the ASMS? (Please tick the appropriate boxes.)											
<input type="checkbox"/> Word of mouth		<input type="checkbox"/> Advertising (If yes, which form/where?)		_____							
<input type="checkbox"/> Media article		<input type="checkbox"/> Relative (provide details)		_____							
<input type="checkbox"/> Current school		<input type="checkbox"/> Other (Please specify)		_____							



Step 2 To be completed by the applicant.

Outline why you would like to become a student at the ASMS and, in particular how being at the ASMS would support your interest and motivation in mathematics, science and/or emerging technologies.

What are your goals for senior secondary education and how do you see the ASMS helping you attain your goals?

Describe how you like to learn and how you feel being at the ASMS could support this.

What else would you like us to know about you as a learner?

Step 3 To be completed by parent/guardian.

Please describe the ways in which you feel the educational opportunities at the ASMS suit the applicant.

What support will the applicant need for success in the ASMS learning programs?

Provide any other information that the ASMS should be aware of in relation to this application.

Step 4 To be completed by applicant and parent/guardian.

Note: Have you provided additional information as detailed in the ASMS applicant Info and Checklist? Yes No
I declare the information as stated above is, to the best of my knowledge, correct.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____



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Government of South Australia
Department for Education