

# Bundaberg North State High School

## LEAP Application Form (Year 7- 2019)



Name of student:		Sex: <b>M</b> or <b>F</b>	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,  
Bundaberg North State High School, 9 Marks Street, North Bundaberg. 4670 or email to  
principal@bundnortshs.eq.edu.au by 9:00am Monday 8<sup>th</sup> October, 2018**

