

Name:





## STEM ACADEMY APPLICATION FORM

(To be returned with the Enrolment Form)

Current School:	
Mailing Address:	
Parent/Carer Name:	Parent/Carer Signature
Parent/Carer Phone Number:	Parent/Carer Email:
List any experiences relevant to STEM that may support your participation	n in the academy.
Activity/Experience	Length of Involvement
Why do you want to be part of the Kirwan High STEM Academy?	
What are the qualities/attributes you will bring to the STEM Academy?	
Teacher Reference. Please comment on the student's commitment to lear	rning.
The STEM Academy fee is \$200 per annum and is payable upon application. A full refund will be There is an expectation that all STEM Academy students will represent the school in any releventhis application will be used in conjunction with the applicant's most recent report card to determine the school of the	

The Queensland Department of Education trading as: Education Queensland International (EQI) CRICOS Registration Number: 00608A

www.facebook.com/KirwanStateHighSchool

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	addition trading an Education Quotinian inter-	iational (201) office of registration realisations				1662
OFFICE USE ONLY	PROCESSING WORKFLOW			ST	3. 1.	(B)
1. Payment Processed in full	2. Photocopy Application & hold at office	3.Original to Academy Deputy Principal for approval	4. Original retur	ned Timetable	er (refund if requ	iired)
\$		Approved YES / NO	Completed	YES / NO		