

## SENIOR SECONDARY EXCELLENCE **PROGRAMS APPLICATION FORM**

- Complete this form after reading the information provided in the Senior Course Guide: https://indoorooshs.eq.edu.au/curriculum/senior-secondary
- Return this form to our Enrolment Managers in-person via our Administration Office or email: enrolment@indoorooshs.eq.edu.au no later than Friday 2 August 2024

STEP 1 - Personal Details (To be completed by student and parent/carer.) **Preferred** Student Surname: Surname: (If applicable) **Preferred** Student First Name: First Name: (If applicable) Student EQ Connect email: class: Parent/Carer Parent/Carer email: name: STEP 2: Indicate which Senior Secondary Excellence Program you wish to apply for: (Write 1, 2 in preference order if relevant) Australian Tertiary Admissions Rank (ATAR) Leap International Baccalaureate Diploma Program (go to Step 3) Preparation Program (go to Step 5) STEP 3: Indicate the ATAR Leap Subject you wish to apply for: (Please indicate a First & Second Preference if applicable) **First Preference Second Preference** Aerospace Systems Film. Television and New Media Music Physical Education Ancient History Geography Legal Studies Chinese Spanish Literature Specialist Mathematics\* Dance **Digital Solutions** Mathematical Methods Visual Art Drama Modern History \*Applications from Maths & Engineering **Economics** Acceleration students onlu STEP 4: If you also are a Junior Secondary Excellence program student continuing into a Year 11 course, indicate here: ☐ Year 11 Chinese (Chinese Acceleration) ☐ Year 11 Music (Music Acceleration) ☐ Year 11 Mathematical Methods ☐ Year 11 Spanish (Spanish Immersion) (Maths & Engineering Acceleration) STEP 5a - Year 9 Semester One Subject Results **A-E Result Behaviour Teacher** Subject **Effort** 

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		personal skills/attributo ate to the subject/s prog			
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		evious teachers you have vant Head of Departme			
Teacher's Name		Subject(s) taught and when			
Student signature:				Date:	
Parent/Carer signature:				Date:	
Students/Paren	ts/Carers nleas	e return this form to our	Enrolment Manag	ers via	
enrolment@ind	•	<u>au</u> or in-person via our	_		later than
Friday 2 Augus	st 2024.				
		HEAD OF DEPARTMEN	т		
		HEAD OF DEPARTMEN	T Approved for con	sideration:	
STEP 6 - TO BE		HEAD OF DEPARTMEN		sideration:	
STEP 6 - TO BE HOD Name:		HEAD OF DEPARTMEN		sideration:	
STEP 6 - TO BE		HEAD OF DEPARTMEN		sideration:	
STEP 6 - TO BE HOD Name: Comments /		HEAD OF DEPARTMEN		sideration:	

Heads of Department, please return this form to our Enrolment Managers via our Main Administration Office.