BRAY PARK STATE HIGH SCHOOL ADDRESS: Lavarack Rd, Bray Park, 4500



PHONE: 3881-6666 Fax: 3881-6600 EMAIL: enrolments@brayparkshs.eq.edu.au

Year 7 - 2025

BPSHS Excellence Programs: Application Form

Please ensure you fill out and submit this form before the end of Term 3, 2024, so that your child can be considered for participation in one of the Excellence Programs at Bray Park SHS.

- Please note places are limited in all programs.
- Completed forms to be returned to the school office/emailed to enrolments@brayparkshs.eq.edu.au

SECTION 1 – BRAY PARK EXCELLENCE PROGRAM

Please circle the program your child is interested in joining. Please note:

- Students are <u>unable</u> to select Bray Innovate and MusicX.
- Students <u>can</u> choose both Bray Innovate and Volleyball Excellence.
- Students can choose both MusicX and Volleyball Excellence

STEM Excellence (Bray Innovate)

Music Excellence (MusicX)

Volleyball Excellence

SECTION 2 – PERSONAL DATA

Student Name:	D.O.B:	
Current School:		
Parent/Caregiver Name:		
Residential Street Address:		
Suburb:	Postcode:	
Parent/Caregiver Email:		
Parent/Caregiver Mobile:		

SECTION 3 – SUPPORTING DOCUMENTS

Please attach the below required documentation to the application before submitting:

- A copy of a Year 6 report card
- Relevant awards/certificates/achievements
- Any other relevant documentation to support the application

SECTION 4 – BACKGROUND INFORMATION

	YES	NO			DETAILS			
Has the student participated in any STEM,								
music (specify main instrument) or sport								
programs before?								
Has the student participated at a district,								
regional or state level in their chosen discipline?								
Has the student explored above grade concepts								
or extra-curriculars (include music level if								
applicable)?								
жррноостој.								
SECTION 5 – SUPPORTING STATEMENTS BY STUDENT AND TEACHER								
Briefly explain why you would like to be considered for your chosen Excellence Program in 2025:								
How do you think you will contribute to the prog	ram an	d what	do you believ	ve you v	vill gain from being involved?			
Statement of support (to be completed by your c	urrent	teache	er, coach or mu	usic inst	ructor):			
			·		·			
Student Signature:				Date:				
-								
Parent/				Date:				
Caregiver Signature:				Date.				