



APPLICANT'S PERSONAL INFORMATION

Year applying for program: _____ Year Level (please tick) 7 ☐ 8 ☐ 9 ☐

[illegible]

Class Teacher: _____

(This data covers Attendance, Behaviour, NAPLAN, Grades, ABE's and whether your child has accessed school support services)

PRIMARY SCHOOL REFEREE TO ENDORSE APPLICATION

Name: _____

Relationship to Applicant: _____ Contact Details: _____

BRIEF COMMENTS:

STUDENT ACADEMIC HISTORY

Briefly outline your academic achievements:

APPLICANT STATEMENT

Please provide a brief explanation as to why you are interested in the Environment and Life Sciences Specialist Program.

There is an expectation in the EaLS program that a student maintains a minimum of two B grades and two C grades for their MESH areas (Mathematics, English, Science and HaSS). Should a student not meet this criteria a process will be in place to support them. If the student is still unable to achieve the minimum requirement a panel will be convened to determine whether the student will be required to leave the EaLS Program.

- ☐ I acknowledge and understand the minimum requirements to maintain my place in the EaLS Program.

Student Signature: _____ **Date:** _____

- ☐ I, as the parent / carer for _____ acknowledge and understand the minimum requirements to maintain their place in the program.

Parent Signature: _____ **Date:** _____

PLEASE FORWARD YOUR APPLICATION TO:

Enrolments Officer
Lynwood Senior High School
436 Metcalfe Road
PARKWOOD WA 6147

TESTING INFORMATION SHEET

PLEASE READ THE FOLLOWING ESSENTIAL INFORMATION PRIOR TO PRESENTING YOUR CHILD FOR THE EaLS
ENTRANCE TEST

ON THE DAY OF THE TEST, YOUR CHILD WILL NEED:

- Two grey lead (graphite) pencils, a blue or black pen (optional), a sharpener and an eraser.
- A drink bottle.
- A secure bag containing something to eat during break time (not permitted inside the exam room unless for pre-approved medical reasons)

REGISTRATION

- Students must sign in on arrival and sign out on departure at the Registration Desk.
- Once registration is completed, the accompanying parent / carer must leave the site and not return until the time specified on your child's confirmation letter / email. Students will be supervised in a designated area until it is time to enter the testing room.
- When the test is finished, students will not be permitted to leave until a parent / carer has signed for their release and can accompany them from the testing venue.

ENTRY / PARKING INSTRUCTIONS

Parking will be available at the front of the school. Refer to map outlined in red on page seven.

LATE ARRIVALS

Students arriving late will not be admitted to the exam room. Students will need to put in a request to sit the next scheduled testing.

ILLNESS / MISADVENTURE

If your child is isolating due to experiencing COVID-19, generally unwell, or experiencing a fever, diarrhea, respiratory symptoms (including cough, shortness of breath, sore throat, runny nose) or acute loss of smell or taste, do not report for the testing. Instead contact the Deputy Principal prior to the testing on 0407 474 019 or email to reschedule@education.wa.edu.au no later than 4:00 pm the day before the testing to roneil.billimoria@education.wa.edu.au.

Evidence such as a positive PCR or RAT, Medical Certificate, or written proof that the child is required to isolate on the day of testing will be required in order to secure your child a place in the catch up testing.

MOBILE PHONES, DEVICES AND PROHIBITED MATERIALS

Electronic devices such as mobile phones, smart watches, tablets and calculators are not permitted inside the exam room. Any devices brought must be left outside the exam room at the student's own risk. It is recommended that students bring a bag in which they can keep items that are not permitted in the exam room, including a snack for break time. Mobile phones must be switched off at all times.

TOILETS AND BREAKS

The test will take approximately **three hours** to complete and includes one short break of around 20 minutes. Students will have access to their bags during break time. Students are encouraged to use the toilet prior to the test and during the break. Students needing the toilet during the test will not be given additional time. **Toilet breaks in the final 5 minutes of any assessment will not be permitted.**

REQUIRED BEHAVIOUR

Students are required to behave in a considerate and respectful manner and follow all instructions. The testing follows formal procedures and talking is not permitted inside the testing room.

EMERGENCIES

In case of emergency, students will be evacuated according to the testing venue evacuation plan. In the event a child experiences illness or misadventure during the test, parents must be contactable by phone at all times.



**STUDENT HEALTH FORM
ENVIRONMENT AND LIFE SCIENCES (EaLS)**

Important note

The photo and details on this form can be of vital importance to the safety and well-being of your child. In an emergency, it may be the only information staff and/or medical professionals may have for the care and treatment of your child. Please take the time to fill in this form and include any and all information you believe to be relevant. *If your child has a medical condition which may affect their test performance and for which you believe they need special conditions, you must contact the Deputy Principal prior to the test so appropriate arrangements can be made on an alternate date.*

**PLEASE AFFIX
RECENT
PASSPORT SIZE
PHOTO OF YOUR
CHILD
HERE**

STUDENT DETAILS	
Surname	
Given Name	
Date of Birth	
Gender:	M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>
Name of emergency contact	
Emergency contact phone number	
Relationship to student	
Please indicate if your child suffers / has suffered from any of the below medical conditions:	
ASTHMA	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide date of last episode and treatment:	
ALLERGIES	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe specific allergy / allergies, date of last episode/s, common reaction/s and treatment/s:	

DIABETES		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please provide date of last episode and treatment:			
EPILEPSY		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please provide date of last episode and treatment:			
OTHER		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please provide details (diagnoses requiring adjusted testing conditions will need to be negotiated in advance with either the Deputy Principal or the EaLS coordinator as an alternate testing date will be required):			
Is student bringing medication into the testing room?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please indicate medication type and reason. NOTE: children needing EpiPens or medication they are unable to self-administer will need a parent to state onsite for the duration of the testing.			
Contact details of student's regular doctor:			
Name:			
Practice			
Contact Phone Number:			
MEDICATION AUTHORISATION			
Is the event of injury or illness, I hereby authorise Department of Education staff to obtain any medication attention deemed appropriate, and I agree to accept responsibility for any costs incurred. To the best of my knowledge, my child is fit for the test and is not suffering from any illness that may be passed on to or endanger others. I declare that the information provided is true and correct.			
Full Name of parent / carer:			
Signature of parent / carer:			Date: ____ / ____ / ____



LEGEND	
Gate	Inaccessible Area
Building	Fence
Accessible Area	