



**ENVIRONMENT AND LIFE SCIENCES PROGRAM
APPLICATION FORM**

APPLICATIONS CLOSE FRIDAY 24 April 2026

APPLICANT'S PERSONAL INFORMATION

Surname: _____ Given Names: _____

Date of Birth: ____/____/____ Gender (please tick) ☐ M ☐ F ☐ Other

Year applying for program: _____ Year Level (please tick) ☐ 7 ☐ 8 ☐ 9 ☐ 10

CURRENT SCHOOL ATTENDING INFORMATION

Current School: _____ Phone Number: _____

PARENT/ CARER INFORMATION

Surname: _____ Give Names: _____

Relationship to student: _____ Mobile: _____ Work: _____

Home Address: _____ Suburb: _____

Postcode: _____ Email: _____

PERMISSIONS

Do you give permission for your child's image to be used in Lynwood Senior High School newsletters, yearbook, promotional materials and/or website? ☐ Yes ☐ No

Do you give permission for our school to contact your child's school to request their Online Student Information (OSI) Data? ☐ Yes ☐ No

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

Please provide your child's most current school report.

PRIMARY SCHOOL REFEREE TO ENDORSE APPLICATION

Teacher/Staff Name: _____ Contact Details: _____

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 Program (EaLS).

STUDENT DECLARATION

I, the undersigned, declare that the information provided in this application is true and correct. I understand that acceptance into the EaLS Program is subject to meeting the program's requirements and expectations.

Student Signature: _____ Date: ____/____/____

PARENT DECLARATION

I, the undersigned, support this application for my child to join the Lynwood Senior High School EaLS Program. I understand that ongoing participation in the program is contingent upon adherence to the school's academic and behavioural standards.

Parent Signature: _____ Date: ____/____/____

Please forward your application and school report to:**CLOSING DATE FRIDAY 24 April 2026****LYNWOOD SENIOR HIGH SCHOOL**

436 Metcalfe Road
PARKWOOD WA 6147

EMAIL: Lynwood.SHS.Enrolments@education.wa.edu.au

If you have any questions regarding the Environment and Life Sciences Program, please contact the school on (08) 9354 0600.

ENVIRONMENT AND LIFE SCIENCES PROGRAM STUDENT HEALTH FORM

DOES YOUR CHILD HAVE A MEDICAL CONDITION / DIAGNOSIS ☐ Yes ☐ No

Please complete form below.

STUDENT DETAILS		
Surname		
Given Name		
Date of Birth		
Gender:	M ☐ F ☐ Other ☐ _____	
Name of emergency contact		
Emergency phone number		
Relationship to student		
Please indicate if your child suffers / has suffered from any of the below medical conditions:		
ASTHMA	☐ Yes	☐ No
If Yes, provide date of last episode and treatment:		
ALLERGIES	☐ Yes	☐ No
If Yes, describe specific allergy / allergies, date of last episode/s, common reaction/s and treatment/s:		
OTHER	☐ Yes	☐ 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 to the trial?	☐ Yes	☐ 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.		
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: ____/____/____