



IGNITE Academy/Music Year 7 Application Form

Applicant Name:		Primary School:	
I am applying for: (please tick one only)	IGNITE Academy <input type="checkbox"/>	IGNITE Music <input type="checkbox"/>	IGNITE Academy & IGNITE Music <input type="checkbox"/>
Referee Report: Please provide the name and contact number of two referees who can comment on your sporting, academic or leadership ability and/or suitability for the chosen program (one should be a current primary teacher.)			
Referee 1 Name:		Referee 2 Name:	
Relationship to Applicant:		Relationship to Applicant:	
Contact Number:		Contact Number:	



Applicant Selection Criteria

Question 1

A high academic ability is a requirement in this program. Why are high academic results important to you? List any academically related competitions that you may have taken part in and your achievement level.



Question 2

Identify something that needs improvement in your school or community. Outline how and what steps you would take to improve this problem (Use a separate sheet of paper if more space is required).

Question 3

Commitment to showing initiative, working hard and being an active member of our school and local community is essential for any IGNITE student. Please give details of any programs that you are involved in outside of school (volunteer groups, art groups, music, tutoring, academic programs etc.). How has your involvement in these groups helped you develop as a person?



Question 4

Outline why you believe you would be a suitable applicant for the IGNITE Academy Program. What characteristics do you feel you have that would enable you to maximise the opportunities that this program can offer? E.g. I have been the member of a soccer team for 3 years which has required me to work within a team environment.

Costs

Please tick to indicate your acknowledgement and understanding of the policies, requirements and agreements included in your enrolment as outlined below:

As a parent/guardians of the applicant, we agree to participate in the Pine Rivers Subject Resource Scheme (SRS) and pay any outstanding monies owing to Pine Rivers State High School prior to participating in the IGNITE program.	
As parent/guardians of the applicant, we agree to participate in the (Bring Your Own Device) BYOD program and provide a suitable electronic device for our son/daughter.	
We understand that not fulfilling these commitments may result in our child being removed from the program.	
We have read the information on the brochure and website and agree to the commitments required.	
2 x Referees have been included (one should be a current primary school teacher)	
We have attached the most recent NAPLAN and report cards	

Parent/Carer Consent:

I give consent for my child (please print) _____ to be involved in the PRSHS Specialist Program, I understand that the selection is made at the discretion of the PRSHS Head of Department in consultation with the Principal.

Parent/Guardian signature: _____ Date: _____

Michelle Campbell
Head of Department (Science, Home Economics and IGNITE)
P: (07) 3881 4757
E: mcamp29@eq.edu.au

Doug Watson
Principal