

Marsden State High School



YEAR 7-12 EXCELLENCE APPLICATION PACK



● PRIDE

● PASSION

● PERSISTENCE

Application Checklist

<input type="checkbox"/>	1. Completed <i>Excellence Program Application Form</i> (page 2)
<input type="checkbox"/>	2. Completed <i>Student Statement</i> for the Excellence Program you are nominating for (page 3)
<input type="checkbox"/>	3. Any <i>Additional Supporting Evidence</i> (see page 4 for details on information needed for each program)
<input type="checkbox"/>	4. Completed <i>Student Health Information form</i> (on page 5)
<input type="checkbox"/>	5. Most recent two (2) report cards

Completed applications must be emailed to enrolment@marsdenshs.eq.edu.au. Incomplete applications cannot be accepted.

Alternatively, applications can be returned to the Marsden SHS Office.

One Application must be completed for each Excellence Program you are applying for.

Application Due Dates

The main intake year for Excellence Programs is Year 6 for a Year 7 start the following year.

From time-to-time vacancies do become available within the programs for other year levels. As a result, applications for Excellence Programs can be made at any time. These applications will be reviewed by the Excellence Coordinator for that program and student will be placed on a waitlist. Parents or Carers will be contacted regarding trial/audition details should positions become available.

All applications are reviewed by and are subject to approval by the Executive Principal before formal acceptance into any Excellence Discipline.

OFFICE USE ONLY

Application Date: ____/____/____

Trial/Audition/Test Date: ____/____/____

Accept Decline Coord. Name & Sign _____ __/__/__

Accept Decline Exc. HOD Name & Sign _____ __/__/__

Accept Decline Exec. Principal Name & Sign _____ __/__/__

Comments:

1. Excellence Program Application Form

Student Information	
Last Name:	First Name:
Home address:	
Current School:	
Current Year level:	Date of Birth:
Do you currently reside in the Marsden SHS Catchment area? <input type="checkbox"/> Yes <input type="checkbox"/> No View the catchment map for MSHS to check if you live in our catchment area.	

Parent/Carer Details	
Last Name:	First Name:
Parent email:	Parent Mobile:
I understand that photos/videos may be taken of my child as part of the audition/trial process. I give permission for this to occur.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that acceptance and continual participation in Marsden SHS's Excellence Programs are conditional on my child maintaining a high standard of effort, behaviour and attendance throughout this year.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Excellence Program Nominations

Please indicate the Excellence Program you would like to apply for below. Please note that you must complete a separate application form for each program you are applying for.

Academic Excellence	Sports Excellence	Arts Excellence
<input type="checkbox"/> Academic Excellence	<input type="checkbox"/> Rugby League	<input type="checkbox"/> Dance
	<input type="checkbox"/> Football	<input type="checkbox"/> Music
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Drama (in catchment)
	<input type="checkbox"/> Netball (in catchment)	
	<input type="checkbox"/> Volleyball (in catchment)	

2. Student Statement

Why do you want to be part of this Excellence Program?

Please list any relevant achievements (eg sporting teams you have played for, competitions, dance groups/schools, music concerts/years of study etc)

3. Supporting Evidence

Please attach supporting evidence as noted below for each Excellence program you are applying for:

Sport Excellence Programs Evidence	
<p><u>Required supporting evidence:</u></p> <ul style="list-style-type: none"> List your top three (3) preferred team sport positions relevant to the program. <p><u>Optional supporting evidence:</u></p> <ul style="list-style-type: none"> Certificates and awards from sporting competitions Evidence of other sporting achievements 	
Arts Excellence Program Evidence	
Dance Excellence Program	<p><u>Required supporting evidence:</u></p> <ul style="list-style-type: none"> Statement of previous dance training (including years, studio and dance style) Statement of previous performance experience (including date, studio and event) Certificates and awards from dance competitions and exams (or statement if certificates are unavailable) Please note your preference for the Hip Hop or Technique Extracurricular (including jazz and contemporary lyrical) on the <i>Student Statement</i> form
Drama Excellence Program	<p><u>Required supporting evidence:</u></p> <ul style="list-style-type: none"> Statement of drama/theatre achievements Written reference from Arts/Drama teacher or classroom teacher <p><u>Optional supporting evidence:</u></p> <ul style="list-style-type: none"> Certificates and awards from drama/theatre competitions <p><i>Students will need to come to the audition with a prepared monologue performance that best demonstrates their acting skills and range. It must be a minimum of 1 minute in length. Students will also engage in group performance work at the audition.</i></p>
Music Excellence Program	<p><u>Required supporting evidence:</u></p> <ul style="list-style-type: none"> Statement with main instrument/voice type and experience/grade level. Referee contact information from school or studio music teacher (name, role/organisation, email and phone number) <p><u>Optional supporting evidence:</u></p> <ul style="list-style-type: none"> Statement with additional instrument/voice type and experience/grade level <p><i>Students will need to come to the audition with a prepared performance that best demonstrates their technique and musical ability. It must be a solo, and be a minimum of 2 minutes in length (multiple pieces are accepted to meet the time requirements).</i></p>
Academic Excellence Program	
<p><u>Required supporting evidence:</u></p> <ul style="list-style-type: none"> Previous NAPLAN results (can be requested from your current school) <p><u>Optional supporting evidence:</u></p> <ul style="list-style-type: none"> Evidence of engagement with curriculum or extra-curricular clubs such as STEM programs Certificates from academic competitions and awards Referee statement from classroom teacher or other staff member 	

4. Student Health Information form

Name of excursion	Marsden SHS Transition Day		
Date/s of excursion	various		
1: Student & parent/carer details			
Student name			
Date of birth		Year level / Class	
Parent/carer name			
Medicare number			
Private Health fund name		Membership number	
Doctor name		Contact number	
2: Health conditions			
2.1. Does the student have any health conditions?	<input type="checkbox"/> Yes (<i>go to 2.2</i>)	<input type="checkbox"/> No (<i>go to 2.3</i>)	
2.2. Indicate the student's health condition/s: <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____	Contact Marsden SHS as soon as possible if your child will need any support or reasonable adjustments to manage their health condition. Please supply any Action Plans if indicated (eg for Asthma or Anaphylaxis).		
2.3. Does the student have any current or previous injuries that may affect their participation?	<input type="checkbox"/> Yes (<i>go to 2.4</i>)	<input type="checkbox"/> No (<i>go to 3</i>)	
2.4. Describe the injury:			
3: Medication requirements			
3.1 Will the student require medication during this audition/trial/test?	<input type="checkbox"/> Yes (<i>go to 3.2</i>)	<input type="checkbox"/> No (<i>go to 4</i>)	
3.2 Does the student require staff to administer their medication?	<input type="checkbox"/> Yes (<i>go to 3.4</i>)	<input type="checkbox"/> No (<i>go to 3.3</i>)	
3.3 Does the student have approval to self-administer their medication at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the answer was YES to any of the questions above, contact Marsden SHS as soon as possible to ensure that your child's medication needs can be supported.			

4: Declaration			
I have reviewed the information provided in this form and confirm that this information is accurate.			
Name of parent/carer			
Signature		Date:	