



ASQUITH BOYS HIGH SCHOOL

Exceptional Learning Opportunities For Boys

PRINCIPAL
Mr Terry Griffiths

Application for Placement Test for Year 7 Enrichment Class 2010

\$35 application fee must accompany each application

*Please complete this application form and return it along with the cash (in person), cheque or credit card (see over) for \$35 to Asquith Boys High School by **Thursday 5th March 2009** to secure your sons place in the schools Enrichment Class test.*

****Please complete fully in clear PRINT**

I would like my son/ward _____ to participate in Asquith Boys High
(Student Full name)

School Placement Test on Saturday, 14th March 2009.

Parent/Carers Name: _____

Home Address: _____

Home Phone: _____ Mobile: _____

My son's school is: _____

- I am considering Asquith Boys High School as an option for my son/ward in Year 7, 2010

YES NO UNSURE

Students will be supervised by experienced Teachers.

- I understand that I need to organise transport to and from the Asquith Boys High School and be ready to collect my son/ward by 12md

Parent/Carers Signature: _____ Date: _____

Optional Section

To help us in our communications with our community could you please answer the following question?

How did you find out about the Placement Test?

Newspaper advertising Word of mouth
From your primary school Other

Leadership and Citizenship, Technology, Community Participation, Creative Arts, Sporting Excellence

Phone: 02 9477 3508
Fax: 02 9482 2546
Email: asquithboy-h.school@det.nsw.edu.au
Web: www.abhs.nsw.edu.au

Jersey Street
Asquith NSW 2077
P O Box 242
Hornsby NSW 1630



ASQUITH BOYS HIGH SCHOOL

Exceptional Learning Opportunities For Boys

PRINCIPAL
Mr Terry Griffiths

Application for Placement Test for Year 7 Enrichment Class 2010

\$35 application fee must accompany each application

Cheque enclosed - please make cheque payable to **Asquith Boys High School**

or

I would like to pay the amount of \$..... by credit card (*fill in details below if posting or phone the school on 9477 3508*)

Student's Name:

Current Primary School:

Name on card (*please print*):

Address:

Type of card: Visa Mastercard

Card Expiry Date: /.....

CARD NUMBER:

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Signature:

Date:

Leadership and Citizenship, Technology, Community Participation, Creative Arts, Sporting Excellence

Phone: 02 9477 3508
Fax: 02 9482 2546
Email: asquithboy-h.school@det.nsw.edu.au
Web: www.abhs.nsw.edu.au

Jersey Street
Asquith NSW 2077
P O Box 242
Hornsby NSW 1630