APPLICATON FOR ADVANCED PLACEMENT
YEAR 9 & 10

Student Name	
Year Level	

I wish to apply for Advanced Placement in the following course(s)

Course	Current Grade (if relevant)	Reason for applying for Advanced Placement

Parent Signature

_____

Head of Department Review

Recommended ☐ Not Recommended ☐

Comment:

Director/Assistant Director

Approved ☐ Not Approved ☐

Comment: