KARABAR HIGH SCHOOL

Donald Road, Queanbeyan NSW 2620
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2027 YEAR 7 APPLICATION FOR ENTRY INTO THE KARABAR HIGH SCHOOL PERFORMING ARTS PROGRAM

1. Much of this form can be filled in on your computer. Make sure you SAVE THE FILE onto your computer FIRST before filling it in.
2. If you prefer to fill the form in by hand (and/or for sections that need to be completed by hand) please use BLOCK letters and a black or blue pen.
3. Parents should complete Section A and should sign in the relevant signature box on page 5.
4. Completed application forms should then be taken/sent to the student's primary school to obtain Primary Principal's comments and endorsement.
5. Primary school Principals should then complete Section B and sign in the relevant signature box on page 6.
6. Applicants need to have Section C completed by a Performing Arts tutor or teacher. This can be a person within or external to your primary school.
7. Completed application forms (Section A, B, C) should be returned to Karabar High School no later than **2 November 2026.**
8. **Performing Arts auditions will be held on 4 November 2026**. Students will have the opportunity to audition in one or more areas of the performing arts as ranked on this application. Auditions will be held at the school. Parents will be contacted with more details once applications are received.

SECTION A – TO BE COMPLETED BY THE APPLICANT/PARENT

1. STUDENT'S FAMILY NAME _____

2. GIVEN NAMES _____

3. DATE OF BIRTH _____

4. GENDER (please tick) ◯ **male** ◯ **female**

5. STUDENT'S CURRENT YEAR OF STUDY
If the student is in a composite class eg. 5/6 please write only the Year relevant to the student eg. 5 or 6 ☐

Performing Arts please rank (1-5) for audition preference

☐ General
☐ Drama ☐ Dance ☐ Vocal ☐ Instrument (please specify) _____

OFFICE USE ONLY

☐ ☐ ☐ ☐ ☐

FP ☐ DIS ☐ ATS ☐ AK ☐

AM ☐ STP ☐ L ☐ REC ☐

SECTION A – TO BE COMPLETED BY THE APPLICANT/PARENT

6. PARENT 1

TITLE
(Mr, Mrs, Ms) Initial FAMILY NAME

_____ _____ _____

RELATIONSHIP TO STUDENT

_____

HOME ADDRESS

_____

_____

HOME PHONE

_____

WORK PHONE

_____

MOBILE PHONE

_____

EMAIL

_____

7. PARENT 2 (if applicable)

Applicants must also complete this section if both parents are likely to make enquiries about the student's application.

TITLE
(Mr, Mrs, Ms) Initial FAMILY NAME

_____ ____ _____

RELATIONSHIP TO STUDENT

_____

HOME ADDRESS

_____

_____

HOME PHONE

_____

WORK PHONE

_____

MOBILE PHONE

_____

EMAIL

_____

COURT ORDERS (if applicable)
Are there any court orders preventing this parent's access to information relating to the student's application if requested? If 'Yes' please attach documentary evidence.

Y or N ☐

SECTION A – TO BE COMPLETED BY THE APPLICANT/PARENT

8. OTHER CONCERNED ADULTS OR CONTACT PEOPLE

Please provide details for any adult you think may make enquiries about the student's application (if relevant)

NAME OF ADULT	RELATIONSHIP TO STUDENT	Do you have any objections to allowing this person access to the available information?	Are there any court orders preventing the person's access to the information?

If there are court orders preventing access to information, please attach documentary evidence.

9. RESIDENCY

☐ If the student is:

- an Australian citizen or permanent resident of Australia, write 'A'
- a citizen of New Zealand, write 'Z'
- a permanent resident of New Zealand write 'N'
- none of the above, write 'O'

If 'N' or 'O' please state whether permanent residency of Australia is expected and when permanent residency is expected to begin:_____

10. CURRENT SCHOOL

FULL NAME OF CURRENT SCHOOL _____

ADDRESS OF CURRENT SCHOOL _____

WRITE 'G' IF GOVERNMENT SCHOOL OR 'N ' IF NON-GOVERNMENT SCHOOL G or N ☐

Please tick if it is in ☐ NSW ☐ ACT ☐ other State/Territory

11. FAMILY PLACEMENT CLAIM

Please complete the table below if you wish to make a family placement claim. Note: Where two students have equal results the student with the family placement claim will have priority. Family placement claims can be made only where a family member* currently attends or previously attended the school. All family placement claims will be verified with school records.

FAMILY PLACEMENT CLAIM (if applicable)

FAMILY NAME eg Anderson	OTHER NAMES eg Sally	RELATIONSHIP* eg Mother	YEARS eg 7-12

*Please note that only the following relationships are valid for family placement claims: mother, father, sister, brother, guardian

SECTION A – TO BE COMPLETED BY THE APPLICANT/PARENT

Parents should answer the following questions where applicable.

12. APPLICANT'S COMMENT(Where applicable)

Please comment on the student's outstanding achievements at school and outside of school. Give details of length of time and the type of experiences that student has been undertaking within Performing Arts. Documentary evidence may be attached.

13. DISABILITY

Please comment if the student has a disability which could affect his or her performance at school or during the audition and indicate the nature of the disability. Attach documentary evidence.

14. SPECIAL TEST PROVISION

Please comment on any special arrangements the student might require at school or for the audition eg. wheelchair access

15. BACKGROUND

Is the student of Aboriginal or Torres Strait Islander background? Y or N ☐

16. LANGUAGE

Is a language other than English spoken at home?

Y or N ☐ If Yes 16(a) The language spoken most at home is _____

16(b) Other languages spoken at home _____

PRIVACY NOTICE

The information provided by applicants is being obtained for the purpose of determining Year 7 Performing Arts Program placement. It will be used by the Karabar High School in the process of placing students into an performing arts class and for any review of such placement and for administrative purposes. Provision of this information is voluntary. It will be stored securely. If you do not provide all or any of this information, processing of your application may be delayed or prevented. You may correct any personal information provided at any time by contacting the school.

SECTION A – TO BE COMPLETED BY THE APPLICANT/PARENT

CIRCUMSTANCES REQUIRING SUPPORTING DOCUMENTATION

NO OF PAGES ATTACHED

Academic records (eg. a recent school report) are required for ALL candidates ☐

My child has a disability which may affect his or her test or school performance ☐

Other supporting evidence of academic merit ☐

Total number of pages attached ☐

APPLICANT'S DECLARATION

I declare that, to the best of my knowledge, the information I have provided in this application form is accurate.

I understand that all successful applicants will be required to show original documentation such as birth certificates and relevant visas before enrolment can be finalized by the school.

I understand that offers or enrolments may be terminated if placement is made on the basis of false or misleading information.

SIGNATURES

Note: The application form is to be signed by **one** or **both** parents and the student.

_____ _____

Parent 1 signature **Parent 2 signature**

_____ _____

Date Date

_____

Student's signature

_____

Date

Attach a recent passport size photograph of the student in this space

SECTION B - PRIMARY PRINCIPAL'S COMMENTS

Student's Name _____

Please comment where applicable on the following areas

Literacy

Numeracy

Physical or sensory disability if relevant to school or performance. Any special provisions required

Suitability for Performing Arts Program/General Comments

PRINCIPAL'S DECLARATION

I would recommend this student for the Karabar High School Performing Arts Program Y or N ☐
(If 'N' please attach an explanation)

The student's designated local high school is
(Government Schools only) _____

Principal's signature _____ Date _____

School name _____

School code (optional for non-government schools) _____

SECTION C - REFERENCE FROM A TUTOR OR TEACHER WITH EXPERTISE IN PERFORMING ARTS

Student's Name _____

Please comment on the skills that the student has developed in the Performing Arts

Describe the level of commitment demonstrated by the student to the Performing Arts

Suitability for Performing Arts Program/General Comments

Details of Referee

Name _____ Relationship to Applicant _____

Address _____

Telephone Number (H)_____ (W) _____ (M) _____

Signature _____ Date _____