

STATUS APPLICATION

RECOGNITION OF COMMUNITY-DEVELOPED PROGRAMS

This form is to be completed by students who are seeking recognition of community-developed programs. If approved, the status will be recorded on the Record of Achievement as a credit or unit value. The application must be referred to the SACE Board by the principal or nominee.

STUDENT DETAILS

| | | | | | | | | |
|---|--|--|--------------------------|--|--|---|--|--|
| Name of student _____ <small>(BLOCK LETTERS)</small> | | | FAMILY NAME | | | GIVEN NAMES | | |
| Date of birth _____ | | | SACE registration number | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Contact school _____ | | | SACE Board school number | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

COMMUNITY-DEVELOPED PROGRAM(S)

Please supply information on the community-developed program or programs (awards/certificates) for which you are seeking recognition.

| Name of Community Program <small>(e.g. Royal Life Saving Society (SA Branch))</small> | Award Obtained <small>(e.g. Bronze Cross)</small> | SACE Board Use Only |
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| | | |
| | | Approved ASS _____ Date _____ Keyed ASS _____ Date _____ |

Student Declaration: The attached documents, which are provided to support this application for status, are a true and accurate record.

Signature of student _____ Date _____

REFERRAL TO THE SACE BOARD BY THE PRINCIPAL OR NOMINEE

| | |
|--|--------------------------|
| The application is recommended and the documents are attached (<i>copies only</i>) | <input type="checkbox"/> |
| Signature of principal or nominee _____ Date referred to the SACE Board _____ | |