

# D15C0V3R TH3 F0RMULA F0R 5UCC355



AUSTRALIAN  
SCIENCE &  
MATHEMATICS  
SCHOOL

Yr 10 + 11 + 12

## ACCEPTANCE OF ENROLMENT

I wish to **accept** / **decline** the offer of enrolment at the Australian Science and Mathematics School commencing in 2025.

*Please circle as appropriate to indicate your intentions.*

STUDENT'S NAME \_\_\_\_\_ (please print)

Does the student above have any siblings that have attended or are currently attending the ASMS?

Sibling Name	Date of Birth	Year attended/attending

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent/Guardian or Care Giver:

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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AUSTRALIAN  
SCIENCE &  
MATHEMATICS  
SCHOOL

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Department for Education