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AUSTRALIAN
SCIENCE &
MATHEMATICS
SCHOOL

Yr 10 + 11 + 12

ACCEPTANCE OF ENROLMENT

I wish to _____ the offer of enrolment at the Australian Science and Mathematics School commencing in 2026.

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 &
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SCHOOL

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Department for Education