



SVAPA APPLICATION 2027 COMMENCEMENT

STUDENT

FIRST NAME _____

LAST NAME _____

PRIMARY SCHOOL _____

PARENT / GUARDIAN

TITLE _____

FIRST NAME _____

LAST NAME _____

PHONE HOME _____ WORK _____ MOBILE _____

EMAIL _____

ADDRESS _____

PLEASE RETURN THIS APPLICATION BY 24 APRIL 2026

By Email:

Att: SVAPA Coordinator
mountlawley.shs.middleschooladmin@education.wa.edu.au

In Person:

Middle School Reception
Mount Lawley Senior High School

Post:

SVAPA Application 2027
Att: Middle School
Mount Lawley Senior High School
65 Woodsome St,
Mount Lawley WA 6050