



# 2018

## Newman Selective Gifted Education Application Form

### General Instructions:

- Please complete all sections of the application form.
- Please attach to this form **copies of up to 3** pieces of evidence to support your child's application into the Newman Selective class (see examples listed on page 3)
- Return this form to the Newman Selective Secondary school your child is enrolled in for next year.

**YEAR/GRADE  
APPLIED FOR**

### STUDENT DETAILS

Student's family name			
Student's given/first name			
Date of birth	Day	Month	Year
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
The student's current academic year	Year/Grade:		
Parent/Caregiver 1 name			
Parent/Caregiver 2 name			
Postal Address			
Suburb			Postcode
Home Phone		Mobile (1)	
Work Phone		Mobile (2)	
Email address Parent /Caregiver 1			
Email address Parent /Caregiver 2			

**STUDENT BACKGROUND**

Is your child an Aboriginal and/or Torres Strait Islander student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child used the English language in school for <i>less than 4</i> years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' to the question above, what month and year did your child start using English in school work?	Month	Year

**DIVERSE LEARNING NEEDS**

Does your child have any known or suspected exceptionalities, disabilities, complex social and emotional needs or other needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify:		
If your child requires adjustments, please indicate the most relevant adjustments that will be required for your child when sitting the Newman Selective School Test.	<input type="checkbox"/> Large print <input type="checkbox"/> FM transmission <input type="checkbox"/> Coloured paper <input type="checkbox"/> Separate seating / front of the room <input type="checkbox"/> Other	
If you selected 'Other', please specify;		
<b>OFFICE USE ONLY:</b> Documentation verified by school delegate <b>NAME:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date

**PARENT'S / CAREGIVER'S DECLARATION**

<input type="checkbox"/> I/We declare that, to the best of my/our knowledge, the information I/we have provided in this application form is accurate.  <input type="checkbox"/> I/We understand that, while our child is enrolled in a Newman Selective Gifted Education Secondary school, it does not guarantee our child a placement in the Newman Selective class.  <input type="checkbox"/> I/We have attached to this form <b><u>copies of up to 3 piece of evidence</u></b> to support our child's application into the Newman Selective class.		
Signature Parent/Caregiver 1		Date
Signature Parent/Caregiver 2		Date

