



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;		
OFFICE USE ONLY: Documentation verified by school delegate NAME:	<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 <u>copies of up to 3 piece of evidence</u> to support our child's application into the Newman Selective class.		
Signature Parent/Caregiver 1		Date
Signature Parent/Caregiver 2		Date

