

# Expression of Interest Gifted and Talented Program

#### Please return to

The Enrolment Officer

Gymea Technology High School Locked bag 3003, Gymea 2227

e | gymea-h.school@det.nsw.edu.au

**p** | 9521 3244

**f** | 9545 1540

APPLICATION						
I submit an expression of i	nterest for					
Academic Selective Class		and / or		Talented Technology Program		
STUDENT INFORMATION						
Student's Surname						
Student's Given Name						
Date of Birth	/	/		Gender	Male Female	
Current School						
PARENT / CAREGIVER IN	ORMATION	I				
Parent / Caregiver full name						
	2					
Home Address						
Email						
Contact Telephone	(H)				(M)	

## PARENT / CAREGIVER NOMINATION (to be completed by the parent / caregiver)

Please outline your reason for nominating your child for admission to the gifted program(s).

Describe your child's attitude to learning and his/her work habits.

## STUDENT NOMINATION (to be completed by the student)

Explain why you would like to be entered into the gifted program(s) at Gymea Technology High School.

List three recent activities or experiences that you have enjoyed most at school and explain why.

### APPLICATION ATTACHMENTS

Please list attachments you are including as part of your application.

Last 2 School Reports	
Year 5 NAPLAN results	
Other information	