

Family Name:

Given Name:



Bossley Park High School

Gifted and Talented Program General Application Form

Instructions

1. Remove this general application form for completion and inclusion in the application package.
2. Information booklet is to be retained by applicant.

GAT ACADEMIC APPLICANTS TO COMPLETE pages A2 - A8

Family Contact Details

Parent/Care Giver 1

Family Name

Given Name

Relationship to Student

Telephone

Email

Parent/Care Giver 2

Family Name

Given Name

Relationship to Student

Telephone

Email

Student Details

Family Name

Given Name

Address

Sex

☐

Male

☐

Female

Date of Birth

School Currently Attending

Current School Grade

Program Choices

You may apply up to **four** program choices.

Indicate the priority of your choices using numbers.

One (1) being the most important program, four (4) being the least important.

PLEASE ONLY APPLY FOR THOSE PROGRAMS YOU HAVE AN INTEREST IN PURSUING, AS IF ACCEPTED, WE ASK YOU TO COMPLETE A STAGE (2 years) OF LEARNING AS A MINIMUM.

The order in which you prioritise those choices matters only if your child qualifies for more than one program. If your child qualifies for more than one program, you will be offered only the highest two priorities for which your child qualifies.

	CORE ACADEMIC PROGRAM
	DANCE PROGRAM
	DRAMA PROGRAM
	MUSIC PROGRAM
	TECHNOLOGY PROGRAM
	VISUAL ARTS PROGRAM
	TALENTED NETBALL PROGRAM
	TALENTED FOOTBALL PROGRAM

Supporting Documentation

Ensure that you provide EVIDENCE of your child's skill in the selected program/s above.

Along with this application, please provide us with copies of the following documents submitted in the printed A4 folder supplied with this application form.

- ☐ An application for enrolment in a NSW Government school
- ☐ Your child's Year 5 NAPLAN test results
- ☐ Your child's TWO most recent reports
- ☐ Certificates of achievement or participation
- ☐ Student work samples relevant to your child's skills, such as:

- Creative or critical writing
- Numeracy skills
- Artworks

(Visual Arts applicants please see additional information)

- Projects
- Photographs or electronic work samples may be included on CD/DVD

Reference/s from music or dance teacher/s optional

Special needs

Is your child a young person with: Indicate Y/N

- | | |
|--|--|
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> learning difficulties eg dyslexia |
| <input type="checkbox"/> autism | <input type="checkbox"/> behaviour disorders |
| <input type="checkbox"/> a hearing impairment | <input type="checkbox"/> an intellectual disability |
| <input type="checkbox"/> a language disorder | <input type="checkbox"/> mental health issues |
| <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> a vision impairment |

Other (please specify)

Special Circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

- ☐ Yes ☐ No

If **Yes**, please provide a brief description of the circumstances.

Student's history relevant to risk assessment

The NSW Department of Education (DoE) has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide Bossley Park High School with information that will help facilitate the smooth transition of your child into the specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

- ☐ Yes ☐ No

If **Yes**, please provide a brief description of the circumstances.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have history of violence?

- ☐ Yes ☐ No

If **Yes**, please provide details

Has your child ever been suspended or expelled from any previous school?

- ☐ Yes ☐ No

If **Yes**, was this for:

Actual violence to any person?

- ☐ Yes ☐ No

Possession of a weapon or any item used to cause harm or injury?

- ☐ Yes ☐ No

Threats of violence or intimidation of staff, students, or others?

- ☐ Yes ☐ No

Illegal drugs?

- ☐ Yes ☐ No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?

- ☐ Yes ☐ No

If **Yes**, please provide a brief outline of these incidents

Parent/Caregiver Nomination Information

Please tick the column that applies to each characteristic below, that best describes your child

Characteristics	Often	Sometimes	Rarely
Expresses himself/herself fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is always asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finds unusual uses for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a long attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an avid reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixes with older children and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is concerned about world issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates rapid learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates perfectionism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems mature for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a wide range of interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At what age did your child first begin to read?

Is he/she self-taught? Yes No

At what age did your child show an understanding of numbers, puzzles and patterns?

How many hours per week does your child read voluntarily?

How many hours per week does your child write voluntarily?

What type of reading material does he/she prefer

Does your child have any unusual interests?
If so, what are they?

What types of television programs does your child like to watch?

In what activities does your child participate outside school hours?

ALL APPLICANTS:

How would you describe your child's current academic progress / performance? Please refer to any particular achievements.

Please describe your child's interests, activities, extra school duties or add any other information you may feel relevant to your child's application for the gifted and talented program.

Signature of parent/caregiver

Date

To be completed by the student for whom this application is being made.

[illegible]

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Extra Information on the Key Learning Areas:

To be completed by the student for whom the application is being made.

Please provide information about the things that interest you in the following areas. (You may fill in more than one area.)

ENGLISH: What interests you about this subject? What strengths do you feel you have to make you suitable for the program?

(For example: Are you an avid story teller, reader or debater? Have you participated in ny public speaking or writing competitions? Have you attended any weekend or holiday enrichment programs?.....)

MATHEMATICS: What interests you about this subject? What strengths do you feel you have to make you suitable for the program?

(For example: What grades do you regularly get in your mathematics tests? Have you engaged in any Mathematics competitions? Have you participated in any weekend or holiday enrichment courses?.....)

SCIENCE AND TECHNOLOGY: What interests you about this subject? What qualities do you believe you have that would make you a suitable candidate?

(For example: Have you engaged in any Science fairs or competitions? Do you frequently visit science and technology centres? Have you participated in any weekend or holiday enrichment courses?)

HSIE: What interests you about either History or Geography or both? What strengths do you feel you have which make you a suitable candidate for the program?

(For example: Do you like to explore the ancient and or modern past and develop an understanding of how people, groups and events have influenced past societies and the world today? Do you have a passion for future planning? Do you like to investigate the interactions between environments and communities? Do you want to make the world a better place?)

CREATIVE/ PERFORMING ARTS: What interests you about this subject? Do you play a musical instrument, learn to sing, dance or act? If so, for how many years have you participated in this? Are you an aspiring artist? What medium do you like to create with? Have you ever entered any competitions or performed exams in your discipline area? Have you participated in any weekend or holiday enrichment courses?

LANGUAGES: Are you a person with a talent in language? Can you speak more than one language? Why do you believe language is a talent worth nurturing? Do you attend language classes on the weekend?...

SPORTING ACTIVITIES: (FOR TFP AND TNP APPLICANTS)

What is your dream /desired achievement for this sporting activity? How long have you been playing this sport? What major competitions have you been part of? Any other points of interest?

Parent/Caregiver Declaration

In dealing with this application, it may be necessary for the school, or another part of the Department of Education and Communities, to look at documents held by previous school, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act 1998* and *Health Records Information Privacy Act 2002*. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

Acknowledgement

I acknowledge that the Department of Education may seek and gain access to relevant information about this student related to one or more of the questions in this application that is held by previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

Declaration of accuracy

I declare that the information in this GAT Application is, to my knowledge and belief, accurate and complete.

I recognise that should statements in this application later prove to be misleading, any decision made as a result of this application may be reversed.

Signature of parent/caregiver1

Print name

Date

Signature of parent/caregiver2 (If applicable)

Print name

Date

Talented Football Program Applicants Only

Name of Football Club student is currently playing for:

Division:

I/We, the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for Bossley Park High School staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge Bossley Park High School and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the football (soccer) trials and subsequent programs, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these football (soccer) trials and program.

Signature of parent/caregiver

Print name

Date

Talented Netball Program Applicants Only

Name of Netball Club student is currently playing for:

Position:

I/We, the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for Bossley Park High School staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge Bossley Park High School and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the netball trials and subsequent programs, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these netball trials and program.

Signature of parent/caregiver

Print name

Date

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