

## **EXPRESSION OF INTEREST FOR THE 2018 GIFTED CLASS**

Student Information				
Surname:		First Name:		
Date of Birth:		Age:	Male/Female (please circle	
Parent/Caregiver Information				
Name of Parent/Caregiver:				
Address:			Post Code:	
Mailing address: (if different from	above)			
Telephone:	_Mobile:		_ Work:	
Email:				
General Information				
Current School:		Current Teacher:		
Is English your second language?		Other language	(s) spoken:	
Are you Aboriginal or Torres Stra	ait Islander? _			
The details enclosed on this form	are accurate a	and represent a genui	ne interest in	
			being a part of the program.	
I understand that the details are c	onfidential an	d will only be used in	n assessing	
		's ab	ility for the Gifted class in 2018.	
PARENT/CAREGIVER NOM	INATION			
Describe the advanced behaviour	s and abilities	of your child which	suggest that he/she is gifted.	

What interests or challenges does your child particularly enjoy?
Formal Intelligence / Ability Testing has been undertaken
If applicable provide an attached description of the test and test results / outcomes
Describe years shild's attitude to learning and his / her work behits
Describe your child's attitude to learning and his / her work habits
Give your reasons for nominating your child for the Gifted class at Underdale High School
SELF NOMINATION: (To be completed by the student / applicant)
What are your particular learning strengths and abilities and what do you find interesting and/or challenging:
What are your special interests both in school and out of school? Are you involved in any clubs or special interest groups?
List three (3) recent activities or experiences that you have enjoyed most at school and explain why?
Explain why you would like to be in the Gifted class at Underdale School and what you see as some of the benefits of being in that class

Please send to: The Deputy Underdale High School 19 Garden Terrace UNDERDALE SA 5032

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