

Gifted and Talented Secondary Selective Entrance Hampton Senior High School

Dance program Student questionnaire

ESSENTIAL

Attach a photo or printed image of your child here

It must clearly show their face

Student details							
First name							
Surname							
Preferred name							
Current school year (please circle)	6		8	9	10		
Approved adjusted test conditions (tick if applicable)		If you have ticked the box, please bring a printed copy of the approval email to the workshop.					

Student answer section

This section must be completed by the applying student in their own handwriting. Students must write in the lined space provided only.

In your own handwriting, write a statement that you believe accurately describes you.

2.	Describe your favourite activities and ho	ow often you do them.
3.	Describe which school activities interes	t you most and why.
4.	List some words which you personally r	elate to dance.
5.	What inspired you to participate in danc	e or to apply for the dance program?
Sigr	nature of applicant:	Date:
Siar	nature of parent/carer:	Date: