

## **Gifted and Talented Secondary Selective Entrance**

## Visual arts 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.

1.	you.

2.	Describe your favourite activities outside of school.					
3.	Describe which school activities intere	est you most and why.				
4.	Describe what you consider to be the a interested.	area of visual arts in which you are most				
5.	How would you feel being involved in after school or Saturday morning workshop every week of term?					
Signature of applicant:		Date:				
Siar	nature of parent/carer:	Date:				

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