



GIFTED AND TALENTED SECONDARY SELECTIVE ENTRANCE

REQUEST FOR TRANSFER FORM

SECTION 1 – APPLICANT DETAILS		
STUDENT SURNAME		
STUDENT GIVEN NAME/S		
CURRENT SCHOOL YEAR		DATE OF BIRTH: __ / __ / ____
CURRENT SCHOOL/PROGRAM		
PARENT/CARER NAME		
ADDRESS	POSTCODE:	
TELEPHONE:	EMAIL:	

SECTION 2 – REASON FOR TRANSFER
Provide a brief statement to support your request
REQUESTED SCHOOL/PROGRAM:
REASON:

SECTION 3 – EVIDENCE CHECKLIST	
Indicate evidence attached to support your request	
Most recent school report - essential	<input type="checkbox"/>
Results in State or National testing/Competitions	<input type="checkbox"/>
Qualified and Registered Psychologist Report	<input type="checkbox"/>
Gifted and Talented-specific school reports/results	<input type="checkbox"/>

Transfer Forms to be returned by EMAIL gtsu@education.wa.edu.au

You will receive formal notification of the result of your request within 14 working days (unless otherwise advised).