

Gifted and Talented Secondary Selective Entrance  
John Curtin College of the Arts

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

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**2. Describe your favourite activities outside of school.**

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**3. Describe which school activities interest you most and why.**

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**4. What is it about music theatre that inspires you and has motivated you to apply for the music theatre program?**

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**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of parent/carer:** \_\_\_\_\_

**Date:** \_\_\_\_\_