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GIFTED AND TALENTED PROGRAMS

STUDENT INFORMATION FORM

VISUAL ARTS – ENTRY 2024

Please complete all sections of this form, affix a photo in the space above and bring to the workshop.

Please print your details in black or blue pen.

SECTION ONE: STUDENT DETAILS				
Surname:				
Given name/s:				
Preferred name:				
Current school year (please circle):	6	8	9	10

SECTION TWO: INDIVIDUAL STATEMENTS

1. In your own handwriting and only in the space provided below, write a statement that you believe accurately describes you.

2. Describe what your favourite activities are and how you do them.

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

4. Describe what you consider to be the area of Visual Arts in which you are most interested.

5. How would you feel being involved in after school or Saturday morning workshops every week of term?

Signature of applicant: _____

Date: _____

Signature of parent/carer: _____

Date: _____

For the parent or carer to complete:

If your child has a diagnosed condition which may affect their test performance on the day, please indicate this below, attach supporting evidence and contact Gifted and Talented prior to the workshop.
