Dear Parent/Guardian,

Thank you for your expression of interest in our Year 7 Gifted and Talented Program for 2016.

Students who wish to apply for the Gifted and Talented Program at Windsor High school for Year 7 2016 will be required to:

• Apply for Windsor high School as your first preference for Year 7, 2016
• Complete and return the attached Application form to the Principal, Windsor High School.

Also note the following important dates:

• Closing date for applications Monday 31 August 2015
• Interview of applicants Week 3 Term 4 2015
• Offers made to join the Year 7 GAT class Week 6 Term 4 2015
• Year 6 into Year 7 Orientation day Thursday 3 December 2015

For Further information, please contact Mrs A. Cam or Mrs B. Kedicioglu on ph: 4587 7122 during school hours. We look forward to welcoming your son/daughter to Windsor High School.

Yours sincerely

Mrs A. Cam
Principal
Windsor High School

Mrs B. Kedicioglu
Gifted and Talented Coordinator
WINDSOR HIGH SCHOOL
Year 7 Gifted and Talented Program
2016
APPLICATION FORM

Student:
(First name) (Last Name)

Student’s Date of Birth: ______________________

Parents/Caregivers:
(Title) (First name) (Last name)
(Title) (First name) (Last name)

Mailing Address:

(h) (mob) (email)
Mother’ Contact 
Father’s Contact

Current Primary School:

Required Details
Please provide details of any participation and achievement in extension or enrichment programs or activities on the space provided on the attached sheet.
Copies of Primary school reports (if available) for the last two years and Year 5 NAPLAN results must be attached to this application.

Parent Signature: ___________________________ Date: ____________________
Year 7 Gifted and Talented Application Form
Supporting Statement

Student Name: ________________________________

Following are examples you may wish to refer in your supporting statement or include as evidence of achievement.

- Recent academic reports
- NAPLAN results
- Positions and/or titles held
- Skills and abilities
- Competition results
- Individual, team or representative honours
- Specific talents/interests
- Levels of achievement

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Parent/ Caregiver Signature: ________________________________ Date: ____________________

Student Signature: ________________________________ Date: ____________________

Completed applications to be returned to:
Windsor High School, P.O Box 117, Windsor 2756 or scan and email to the email address below.