

A One Day a Week Enrichment Program for Gifted and Twice-Exceptional Children

APPLICATION					
CHLD INFORMATION					
First name:			Last name:		
Date of birth:	Gender:			Phone:	
Home address:					
Suburb:	State:			Post code:	
Languages spoken (other than English):					
PARENT OR GUARDIAN INFORMA	TION				
First name:		Last name:			
Address:					
Suburb:	State:			Post code:	
Relationship to child:	_!			Phone (1):	
Phone (2):	Email:				
EMERGENCY CONTACT					
Name:					
Address:				Phone:	
Suburb:	State:			Post code:	
Relationship to child:					
OTHER PARENT INFORMATION					
First name:			Last name:		
Relationship to child:	Phone	e (1):		Phone (2):	
AUTHORISED TO COLLECT CHILD AT THE END OF THE DAY					
Name:			Relationship to child:		
Name:		Relationship to child:			
Name:		Relationship to child:			

For all general enquiries contact

Lyndal Reid – <u>lyndal@australiangiftedsupport.com</u> or Helen Dudeney – <u>helen@australiangiftedsupport.com</u> Or see our website - http://australiangiftedsupport.com



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CHILD'S MEDICAL DETAILS				
Does the child have any medical conditions? If so, please give details:				
Does the child take any medications? If so, please give details:				
Do they need to take them during the school day? If so, please give details:				
Does the child have any special needs or learning disabilities? If so, please give details:				
When was the child's last hearing check (if ever)?:				
When was the child's last vision test (if ever)?:				
SCHOOL DETAILS:				
School name:	Contact person nam	ne:		
Contact person phone number:	Contact person email:			
SIGNATURES				
I verify that the information contained on this form is true and correct.				
Signature of applicant:	Date:			
Signature of spouse (if applicable):		Date:		

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DESCRIPTION OF CHILD'S DEVELOPMENT, PROGRESS, SCHOOL EXPERIENCE AND INTERESTS:

Please attach the child's IQ assessment and psychologist or school counsellor report (if available). If the child is in regular school, please submit the most recent school report card. For home-schooled/educated students, please submit representative samples of the child's work.

Qualification Criteria

The following tests are accepted as part of the application process.

All applicants are required to submit a full score report from at least one of the following IQ tests (administered within the past 5 years) and to have an interview.

- Stanford-Binet V (SB-V or SB-5): Standard score of 120 or greater (90th percentile) for Full Scale or Verbal or Non-Verbal sub-tests..
- Wechsler Intelligence Scale for Children IV (WISC IV): Standard score of 120 or greater (90th percentile) for Full Scale or Verbal or Perceptual Reasoning.
- Weschler Preschool and Primary Scale of Intelligence (WPPSI-III): Standard score of 120 or greater (90th percentile) for Full Scale or Verbal or Performance IQ.
- Kaufman Brief IQ Assessment 2nd Edition: Standard score of 120 or greater (90th percentile) for Full Scale or Verbal or Non-verbal IQ.



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One Day Program is a unique, private, selective program designed to meet the needs of moderately, highly, exceptionally and profoundly gifted children aged 7-12 years.

We approve enrolment for children who:

- score 90% or above on accepted intelligence tests;
- perform at or have the potential to perform at a high academic level;
- exhibit superior intellectual development and academic achievement or ability;
- demonstrate motivation, social and emotional maturity, and overall readiness for an accelerated educational environment.

Please note: We are unable to advise parents as to whether or not their child's scores will qualify them for the program outside of the context of a complete application. We reserve the right to grant or decline enrolment following a complete application process including an interview.

Immunisation Policy: A child without an Immunisation History Statement will not be prevented from enrolling in our program. However, children without proof of immunisation may be asked by our program to stay at home during an outbreak of vaccine preventable disease.

Enquiries

For all specific enquiries and/or to submit this application, contact details are below.

This document can be completed electronically or you can print and complete it by hand and then scan and email to:

For ACT:	Lyndal Reid	0408 436 182	
	lyndal@australiangiftedsupport.com		

For Perth: Marie Fernandez 0405 310 197 marie@australiangiftedsupport.com

Office Use Only				
Date application received:				
Response sent:				
Date for interview:				

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