



One Day Program

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 INFORMATION			
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 (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 – lyndal@australiangiftedsupport.com or Helen Dudeney – helen@australiangiftedsupport.com
 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 name:
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 (<i>if applicable</i>):	Date:

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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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