



**GyMEA Technology  
High School**

INSPIRE. LEARN. SUCCEED.

# Expression of Interest High Potential and Gifted Education Program

**Please return to**

The Enrolment Officer

GyMEA Technology High School  
Locked bag 3003, GyMEA 2227

**e** | gyMEA-h.school@det.nsw.edu.au

**p** | 9521 3244

**STUDENT INFORMATION**

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Student's Surname

Student's Given Name

Date of Birth

 

Gender

 Male  Female

Current School

**PARENT / CAREGIVER INFORMATION**

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Parent / Caregiver full name

Home Address

Email

Contact Telephone

(M)

**PARENT / CAREGIVER NOMINATION (to be completed by the parent / caregiver)**

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Please outline your reason for nominating your child for admission to the high potential and gifted education program(s).

  
  
  
  
  

Describe your child's attitude to learning and his/her work habits.

[Redacted area]

**STUDENT NOMINATION (to be completed by the student)**

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Explain why you would like to be entered into the high potential and gifted education programs at Gymea Technology High School.

[Redacted area]

List three recent activities or experiences that you have enjoyed most at school and explain why.

[Redacted area]

**APPLICATION ATTACHMENTS**

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Please list attachments you are including as part of your application.

<input type="checkbox"/> Last 2 School Reports	[Redacted area]
<input type="checkbox"/> NAPLAN Year 5	[Redacted area]
<input type="checkbox"/> Other information	[Redacted area]
[Redacted area]	[Redacted area]