



E3 GIFTED & TALENTED WORKSHOP APPLICATION

FORM A: External Students Only

Saturday 5 August 2017

Please read the Program Descriptions before completing this application form. Email the completed application form to roslynnet@ofgs.nsw.edu.au or mail to Oxford Falls Grammar School Att: Mrs R Todd. Applications close 1 August 2017.

Child's Name: _____ Gender: M / F

Year Level (Please circle): Pre-school / Kindergarten / Year 1 / Year 2 Date of Birth: _____

Pre-school / School: _____

Please give an explanation of your child's academic ability and why he/she would be suited to the E3 Workshops.

Parent/Guardian Name: _____

Email (please print clearly and in capital letters): _____

Child's address: _____

_____ Postcode: _____

Telephone: A.H. _____ B.H. _____ Mobile: _____

Students will attend two different sessions from the E3 Gifted & Talented Program selection below (refer to Course Descriptions). Please number each workshop in order of preference 1-4. Every effort will be made to secure each student's first choices.

Preschool & Kindergarten students

- Algebra for Little Hands
- To Infinity and Beyond
- From Script to Screen
- The Secrets of the Scrolls: Ancient Egyptians

Years 1 & 2 students

- Starry Science
- Shakespeare for Young Thespians
- Fabulous Fibonacci
- A Roman Mural: Exploring Roman History Through the Arts

Number of parents/guardians attending the presentation and morning tea (optional): _____



Does your child have an ongoing medical condition? YES/NO Please specify:

If your child is at risk of an anaphylaxis attack, please attach a copy of current Action Plan. The EpiPen must be brought on the day.

Emergency medication carried by your child: _____

Emergency contact name: _____ Phone: _____

- In an emergency, if medical assistance is required for my child, I consent to the staff of Oxford Falls Grammar School taking whatever steps are necessary. (Please note: We regret that OFGS staff are unable to dispense medication, except in an emergency.)
- **Children should not bring products containing nuts to E3 workshops.**
- I agree that any photographs taken of my child at the program can be used for OFGS marketing.
 YES NO
- **I understand that once applications have been confirmed there will be no refunds.**
- It is important that you complete payment details below. Charge will only be made upon acceptance into the program.

Parent signature: _____ Date: _____

PLEASE COMPLETE PREFERRED PAYMENT OPTION HERE

FEE: \$100 (includes GST)

CHEQUE: Please make payable to Oxford Falls Grammar School

VISA / MASTERCARD / AMEX

Please print clearly

CARD NO: ____/____/____/____ **NAME ON CARD:** _____

EXPIRY DATE: ____/____ **SIGNATURE:** _____