

# Gifted and Talented Program

## 2026

### Parent/Guardian Permission Form

<b>Student name:</b>			
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Parent Name:</b>		<b>Phone Number:</b>	
<b>Parent Email:</b>			
<b>Primary School:</b>			

Does your child have a disability or Medical issue that may affect him/her whilst participating in the program? If so please state:

If medication is required please indicate dose and application:

Will your child be attending Spinifex State College in 2027?  Yes  No

Places are limited. If classes are oversubscribed, preference will be given to students planning to attend Spinifex in 2027.

#### AGREEMENT BY PARENT/GUARDIAN

Please tick each of the boxes when read and accepted.

- I authorise the Officer-in-Charge at the school excursion to obtain, at his/her discretion, medical attention for my child in the event of their suffering from any illness or injury.
- I agree to pay the medical fees for such medical expenses and to meet the expenses of pharmaceutical supplies that may be incurred as a result of medical advice.
- I hereby give consent for my child named above to take part in the program and I undertake to indemnify the Principal and/or staff members against any claim arising out of any accident involving my child or any occurrence which but for this indemnity may give rise to a claim for damages during the abovementioned activity including travelling to and from such activity.
- I give permission for my child's photograph to be published in the media as a part of promotion of this program.
- I allow my child to be transported (by whatever means the school has organised) to Spinifex State College, Junior Campus. At the end of the afternoon session, Year 6 students will make their own way home at approximately 2:30pm

**Parent/Guardian  
Signature:**

**Date:**

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### Nomination Form

<b>Student name:</b>					
<b>Primary School:</b>					
Program/s nominated for:					
<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Science	<input type="checkbox"/> Junior Touch Development			
<b>Student Signature:</b>					
Parent Endorsement: I support my child's nomination to participate in Spinifex State College's Gifted and Talented Program.					
<b>Parent Signature:</b>					
If successful, my child's shirt size is: <i>please circle size below</i>					
Kids Size	8	10	12	14	16
Adults Size	S	M	L	XL	2XL
Principal/Teacher Recommendation:					
<b>Principal/Teacher Name &amp; Signature:</b>				<b>Date:</b>	

Please ensure you have included the following in your application:

- Completed Permission Form
- Completed Nomination Form- with Principal or Teacher recommendations
- Written Selection Criteria

- Completed applications are to be delivered in a sealed envelope to Administration at Spinifex State College - Junior Campus, 6-12 Fifth Avenue, or emailed to [Jnrapplications@spinifexsc.eq.edu.au](mailto:Jnrapplications@spinifexsc.eq.edu.au) by **3.00pm Friday 27<sup>th</sup> March 2026** in order to be considered.
- Successful students and their families will be notified through their Primary school by the **2<sup>nd</sup> April 2026**.