

**Tweed River High School**

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**Innovation Opportunity Success**

Relieving Principal: Ms Kim Taylor, Heffron Street Tweed Heads South NSW 2486

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| Selection Test  Student Registration Form - Academic Talent Pathway (ATP)  Enhancing the Learning Outcomes for Academically Advanced Students |

For entry into the Year 7 ATP class in 2023, students must sit an academic entrance exam that will test:

* Literacy
* Numeracy
* Abstract reasoning ability.

This exam will be held on **Monday, 12th September, 2022 at 4.00pm (NSW time)** in the Tweed River High School Hall. The exam will take about 60-90 minutes.

Students will need to bring a 2B pencil, an eraser and something to read in case test is completed early.

While the students are sitting the examination a Parent Information Session will be held in the Staff Common Room. The Principal, ATP Coordinator and some teachers will be available to answer questions and provide information.

To register, please complete both sides of the Student Registration Form and return to Tweed River High School Front Office along with a copy of the students **Year 5 NAPLAN results** and their latest **Primary School Report**. A **$10.00 registration fee** must accompany all submissions. Applications close **2:30pm, Wednesday 1st September 2021.**

For further information, please contact:

Mr Tony Lambert, Mrs Merran Marriott or Mrs Gemma Mainey

ATP Coordinators

Tweed River High School

4 Heffron Street

TWEED HEADS SOUTH NSW 2486

Phone: 07 5524 3007

**ATP STUDENT REGISTRATION FORM**

**(Please complete both sides of this form)**

**PART A – (Parent/Caregiver to complete):**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student D.O.B.: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Student Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B – (Primary School to complete)**

Current Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART C – (TRHS Office to complete)**

**Received:**

❑ Registration Form

❑ Year 5 NAPLAN Results

❑ Latest Primary School Report

❑ $10.00 Registration Fee

**PART D – (Student to complete)**

In 1 page, explain in your own words why you wish to be included in the Academic Talent Pathway class and why you will succeed in High School. (to be completed by student)

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