

Italian Immersion Program

2020 Student Application Form



NORWOOD
MORIALTA
HIGH SCHOOL

Surname: _____ First Name: _____

Date of Birth: ___ / ___ / _____ Gender: Male/Female: (please circle)

Current School: _____

Current Teacher: Name: _____ Phone: _____

Teacher's Email: _____

Are you currently involved in an extension, enrichment, acceleration program?

NO (Please circle)

YES (Please provide details on Parent / Caregiver Nomination Form)

School Card: Yes/No (please circle)

Address: _____

_____ P/C _____

Parent / Caregiver Name: _____

Day-time Phone: _____ Home Email: _____

The details enclosed on this form are accurate and represent a genuine interest in being a part of the program. I understand that the details are confidential and will only be used in assessing the eligibility for the 2019 Year 8 Italian Immersion Class. Only students in Year 7 will be eligible to apply and need to be committed to engaging fully in the program for the two years.

Parent / Caregiver Signature: _____

Date: ___ / ___ / _____

Selection Process:

Interested applicants are required to participate in a selection process that includes:

Submission of the Application form with support documentation by Friday, 5 April 2019.

This document must include:

- **Student Self-nomination form**
- **Parent/Caregiver Nomination form**
- **NAPLAN results**
- **Year 6(and 7) school reports**
- **Certificates** where appropriate, including: Achievement in state and national competitions, e.g. UNSW, Westpac, etc

Applicants are also required to give the **Teacher Supporting Statement** form to their current teacher to complete and submit by **Friday 5 April**. Details on the form.

Please forward all forms to the Italian Immersion Special Interest Program at Norwood Morialta High School, Morialta Road West, Rostrevor, SA 5073 or email to dl.0787.italianspecialentry@schools.sa.edu.au by Friday 5 April 2019.

Teacher Supporting Statement

The applicant is required to give this confidential form to their teacher to complete.

Student Name: _____ Program: **Italian Immersion**

Teacher Name: _____ School: _____

To the Teacher of the above-named student

This confidential form is part of the Norwood Morialta High School application process for Special Interest Programs. It is to be completed by the student's current school and forwarded directly to Norwood Morialta High School before **4.00pm Friday 5 April, 2019** by:

email to: dl.0787.italianspecialentry@schools.sa.edu.au or

post to: Attention: Special Interest Programs
Norwood Morialta High School, Middle Campus
Morialta Road West, Rostrevor SA 5073.

Please note: It is not necessary for the Principal / Year 7 teacher to provide a separate letter of reference.

We seek your professional view in relation to this student's performance, social skills and work habits. Please tick the appropriate A-E column for the skills and capabilities identified in the table below.

A to E grades (ie. A: Excellent, B: Good, C: Satisfactory, D: Partial, E: Limited)

SKILLS and CAPABILITIES	A	B	C	D	E	ANY COMMENTS
Collaborates with others						
Actively listens to others						
Uses negotiation skills						
Displays personal accountability						
Follows directions						
Displays leadership						
Demonstrates respect for others						
Takes responsibility for own actions						
Learns with enthusiasm and curiosity						
Solves complex problems						
Presents creative solutions/ideas						
Completes homework						
Stays on task						
Manages time and work effectively						
Pays attention to detail						
Is hardworking and committed						
Is involved in activities/ events						
Exercises initiative						
Demonstrates punctuality						

Any other information that may support the student's application. (Please continue overleaf, if required.)

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Teacher's Signature: _____

Date: ___ / ___ / _____