



SELECT ENTRY ACCELERATED LEARNING PROGRAM | 1 of 6



EXPRESSION OF INTEREST FORM

Must be accompanied by the following referral forms and your payment of the Test Fee to school office.

APPLICATIONS OPEN THURSDAY 6TH AUGUST AND CLOSE MONDAY 17TH AUGUST 2020

Full Name of Student: _____

Primary School: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work: _____ Mobile: _____

Email address: _____

Parent/Guardian Signature: _____ Date: _____

\$75 fee required which partly covers sitting the SEAL Program Test.

"Not Negotiable" cheques should be made out to Warrnambool College.

SEAL Testing will be on Monday 24th August 2020 from 9.00am to 1.30pm

PAYMENT METHOD: (please circle)		Visa	Mastercard	Cheque	Cash
Card Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiry Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	CVN: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardholder's Name: _____					
Cardholder's Address: _____					
Cardholder's Signature: _____					
SEAL Program (Select Entry Accelerated Learning Program)					\$
TEST FEE				Total	\$
Received by: _____					Date: _____

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PARENT/GUARDIAN REFERRAL FORM

PLEASE RETURN TO SCHOOL OFFICE BY MONDAY 17TH AUGUST 2020

Full Name of Student:

Date of Birth:

Primary School attended 2020:

Year 6 Teacher:

Postal Address:

Suburb:

Postcode:

Home phone:

Work:

Mobile:

Email address:

Circle a number for each question below.

Use the scale to consider which best describes your child in relation to a typical child in your neighbourhood.

5	Has this trait to a high degree
4	Has this trait more than a typical child
3	Compares with the typical child
2	Has this trait less than the typical child
1	Lacks this trait

- | | | | | | |
|---|---|---|---|---|---|
| 1. Uses a wide vocabulary and expresses her/himself fluently and clearly | 5 | 4 | 3 | 2 | 1 |
| 2. Thinks quickly | 5 | 4 | 3 | 2 | 1 |
| 3. Recalls facts quickly | 5 | 4 | 3 | 2 | 1 |
| 4. Questions how and why things work | 5 | 4 | 3 | 2 | 1 |
| 5. Reads avidly | 5 | 4 | 3 | 2 | 1 |
| 6. Is imaginative | 5 | 4 | 3 | 2 | 1 |
| 7. Persists with challenges | 5 | 4 | 3 | 2 | 1 |
| 8. Is independent and self-sufficient | 5 | 4 | 3 | 2 | 1 |
| 9. Has a wide range of interests | 5 | 4 | 3 | 2 | 1 |
| 10. Has a broad attention span which allows her/him to concentrate on problem solving | 5 | 4 | 3 | 2 | 1 |
| 11. Shows initiative | 5 | 4 | 3 | 2 | 1 |
| 12. Has interest in the future and/or world events and problems | 5 | 4 | 3 | 2 | 1 |
| 13. Follows complex directions | 5 | 4 | 3 | 2 | 1 |
| 14. Sets her/himself high goals | 5 | 4 | 3 | 2 | 1 |



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PARENT/GUARDIAN REFERRAL FORM (CONT.)

On this page, add any further comments you wish to add regarding your child's:

- Special accomplishments or talents
- Interests or hobbies
- Special opportunities he/she has had
- Relationships with others
- Additional learning needs (if applicable)
- Any other information which you believe is relevant

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

This form should be completed and returned by Monday 17th August 2020 to:

SEAL Coordinator
Warrnambool College
Grafton Road
Warrnambool Vic 3280

SELECT ENTRY ACCELERATED LEARNING PROGRAM | 4 of 6



STUDENT REFFERAL FORM

Full Name of Student: _____

Thank you for your interest in the Select Entry and Accelerated Learning Program.

We are interested to hear why you would like to be a part of this program.

Write in any way you think appropriate on this sheet, making sure you cover the following:

- How you learnt about the program.
- Why you want to nominate yourself for this program.
- What you think you would get out of this program.

Feel free to add any further information which you feel would enable us to get a better understanding of you. We look forward to reading your response.

This form should be completed and returned by Monday 17th August 2020 to:

SEAL Coordinator
Warrnambool College
Grafton Road
Warrnambool Vic 3280



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CONFIDENTIAL | TEACHER REFERRAL FORM

PLEASE RETURN TO SCHOOL OFFICE BY MONDAY 17TH AUGUST 2020

To be completed by student's current Yr 6 teacher, or if more appropriate, student's former Yr 5 teacher.

Full Name of Student:

Current School:

Teacher's Name:

Grade(s) that I taught this student:

Contact phone number at this school:

How long have you known this student:

Please indicate the degree to which you believe the student demonstrates the following behaviours:

BEHAVIOURS	VERY HIGH	HIGH	MEDIUM	LOW	VERY LOW
Is an avid reader and selects books at a reading age far above her/his chronological age level.					
Is verbally proficient, has a large and unusually advanced vocabulary.					
Is outstanding at mathematics.					
Demonstrates powers of abstraction and conceptualisation.					
Shows an interest in problem solving and pleasure in intellectual activity.					
Has keen powers of observation and shows a willingness to examine the unusual.					
Demonstrates the ability to think critically.					
Is creative and inventive.					
Has a retentive memory, learns easily and readily and has a quick recall of information.					
Exhibits powers of concentration.					
Displays persistence and goal directed behaviour.					
Is friendly, has the ability to mix well with peers and displays sensitivity to the feelings of others.					
Is a leader and accepts responsibility.					
Adapts readily to new situations.					

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CONFIDENTIAL TEACHER REFERRAL FORM (CONT.)

BEHAVIOURS	VERY HIGH	HIGH	MEDIUM	LOW	VERY LOW
Is able to express him/herself fluently and clearly.					
Thinks quickly.					
Recalls facts quickly.					
Questions how and why things work.					
Will choose reference books for pleasure, rather than fiction books every time.					
Is imaginative.					
Does not give up easily.					
Is independent and self sufficient.					
Has a wide range of interests.					
Has a broad attention span which allows him/her to concentrate on problem solving.					
Shows initiative.					
Has an interest in the future and/or world events and problems.					
Follows complex directions.					
Sets him/herself high goals.					
Tackles problem solving in logical and imaginative ways.					

Please list additional information which highlights the student’s academic strengths and weaknesses or which may be relevant in determining this child’s suitability for an accelerated program:

Teacher’s Signature: _____ Date: _____

This form should be completed and returned by Monday 17th August 2020 to:

SEAL Coordinator
 Warrnambool College
 Grafton Road
 Warrnambool Vic 3280