Use this form for students who are:
• citizens of Australia or New Zealand or permanent residents of Australia who normally live in NSW but are temporarily living interstate or overseas AND
• unable to take the Opportunity Class Placement Test AND
• unable to provide school assessment scores which can be reliably scaled (moderated). (To moderate school assessment scores the Team needs at least two other applicants from the same NSW primary school who have both school assessment scores and results from the Opportunity Class Placement Test.)

Interstate and overseas applicants need to complete both the online application and the forms in this document.

Completing the forms

<table>
<thead>
<tr>
<th>Forms to complete</th>
<th>Who</th>
<th>What</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of Academic Merit</td>
<td>Parent</td>
<td>Complete page 2 of this form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registered psychologist or other qualified practitioner to administer an individual IQ test.</td>
<td>Complete page 3 of this form</td>
<td>Parents arrange for a WISC V or Stanford Binet V individual IQ test to be administered in English. Attach the full report.</td>
</tr>
</tbody>
</table>
| | Registered psychologist (as above) or accredited teacher | Complete page 4 of this form | Parents arrange for administration of a:
  • standardised test of reading comprehension
  • standardised test of mathematics. |

Apply online by **Friday 17 May 2019**. Forward this report and other supporting evidence to reach the Team as soon as possible but no later than **Wednesday 31 July 2019**.

Notes
1. Parent* is defined under the Education Act 1990 as ‘a guardian or other person having custody or care of a child’.
2. Where parents of students successful for entry to an opportunity class continue to live interstate after the 2020 school year begins the students will be considered for entry to an opportunity class only after all eligible candidates from NSW have been placed.
3. If you are currently living outside NSW but intend returning to NSW to allow your child to sit the test you do not need to complete this form. You need only complete the online application and email the Team explaining your plans. Provide both a NSW address and interstate or overseas contact details.
4. A selection committee will consider the information you provide. A selection committee may request further information or testing.

Contact details
High Performing Students Team
NSW Department of Education
**Email:** ssu@det.nsw.edu.au  **Telephone:** 61 + 2 9244 5669  **Fax:** 61 + 2 9266 8435
**Postal address:** Locked Bag 53, DARLINGHURST NSW 1300 Australia

^ In this document, the High Performing Students Team is referred to as the Team.
Applicant details – For use by interstate and overseas applicants for Year 5 entry in 2020

Student’s details
Student’s family name: ____________________________
Given names: ____________________________________
Date of birth: ____________________________________
School attended currently: __________________________

Current address (interstate or overseas)
Number and street: ________________________________
Suburb, town or city: ______________________________
Country: _________________________________________
Email: __________________________________________
Approximate date the student will be returning to New South Wales: ____________________________

Student’s New South Wales address (if known)
Number and street: ________________________________
Suburb, town or city: ______________________________
Postcode: ________________________________________
OR intended residential area: _________________________
Telephone number: ________________________________
Email: __________________________________________

New South Wales contact person (if applicable and available) with whom a message may be left
Contact person’s name: ____________________________
Relationship to applicant: __________________________
Number and street: ________________________________
Suburb, town or city: ______________________________
Postcode: ________________________________________
Telephone number: ________________________________
Email: __________________________________________
Parent’s name: __________________________________
Parent’s signature: ________________________________
Date: ____________________________________________

Your child’s application number is shown on the pdf document you were sent by email as confirmation of your application. Please write that number in the following boxes: C 1 9
### Individual test of general ability

To be completed by a registered psychologist or other qualified practitioner.

#### Psychologist or qualified practitioner’s details

<table>
<thead>
<tr>
<th>Psychologist’s family name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given names:</td>
<td></td>
</tr>
<tr>
<td>Position/title:</td>
<td></td>
</tr>
<tr>
<td>Business address:</td>
<td></td>
</tr>
<tr>
<td>Suburb, town or city:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
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<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Qualifications and name of professional association(s) and/or society(ies) with which the psychologist is registered:  

#### Individual general ability test details

<table>
<thead>
<tr>
<th>Version of WISC V or Stanford Binet V used e.g. UK or USA. Note: the IQ test must be administered in English. Please contact the Team before conducting another type of IQ test.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date administered</td>
<td></td>
</tr>
<tr>
<td>Full scale IQ score*</td>
<td></td>
</tr>
</tbody>
</table>

* This should be expressed as a number e.g. 120 or 120-129. Percentile ranks or descriptions cannot be used for IQ results.

Please attach a complete signed psychologist’s report. Additional material may be included if relevant.

**Comments:** (if applicable)  

Practitioner’s signature:  

Registration number:  

Date:  

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**Note:** Parents must identify a suitably qualified psychologist. The Team is not able to provide recommendations.
Standardised testing of reading and mathematics

To be completed by a registered psychologist or accredited teacher.

Same as practitioner on page 3?  Yes [ ]  No [ ]

Test administrator's identification details

(This may be different from the person who administered the test of general ability.)

Test administrator's family name: ________________________________

Given names: _____________________________________________

Position/title: ____________________________________________

Address: __________________________________________________

Suburb, town or city: _________________________________________

Country: ___________________________________________________

Postcode: _________________________________________________

Telephone: ________________________________________________

Fax: ______________________________________________________

Email: ____________________________________________________

Qualifications and name of professional organisation(s) and/or accreditation body(ies) with which test administrator is registered (if relevant): ________________________________________________________________

Standardised test details

<table>
<thead>
<tr>
<th>Specific test used</th>
<th>READING</th>
<th>MATHEMATICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. WIAT-11 or WIAT-111 or PAT Maths and PAT reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a full report or additional material if relevant.

Comments: (if applicable)  ____________________________________________

Test administrator’s signature: ________________________________

Date: ___________________________________________________________