*MindQuest 2023*

St George Girls HS

Victoria St Kogarah

Saturday& Sunday 1 & 2 April 2023 9.30-3.30pm

For High Potential & Gifted Primary Students

**Students Personal Details**

|  |  |
| --- | --- |
| Given Names: Click or tap here to enter text. | Surname: Click or tap here to enter text. |
| Gender: Male  Female | Date of birth: Click or tap to enter a date. |
| Home Phone: Click or tap here to enter text. |  |
| Street address: Click or tap here to enter text. |  |
| Suburb: Click or tap here to enter text. | Postcode: Click or tap here to enter text. |
| School: Click or tap here to enter text. | Grade/Year: Click or tap here to enter text. |
| Email Address (Parent): Click or tap here to enter text. | |

Please list up to **six** enrichment courses in order of preferences.

You will participate in only **one** course for the weekend.

Please list **ONLY** those courses you are willing to attend.

|  |
| --- |
| **Course 1** Click or tap here to enter text. |
| **Course 2** Click or tap here to enter text. |
| **Course 3** Click or tap here to enter text. |
| **Course 4** Click or tap here to enter text. |
| **Course 5** Click or tap here to enter text. |
| **Course 6** Click or tap here to enter text. |

We require two contact names and phone numbers which we will use in case of emergency during the weekend program.

|  |
| --- |
| **1 Name**: Click or tap here to enter text. Number: Click or tap here to enter text. |
| **2 Name**: Click or tap here to enter text. Number: Click or tap here to enter text. |

**Payment may be made by credit card, cheque or money orde**r **to NSW Talent Centre Pty Ltd by the closing date of Friday 10 March 2023**

Cost of attending the enrichment weekend is **$240 (including GST)**.

Payment by instalment is available for families with 2 or more children attending. Contact Shelagh Poray for information on **02 9748 1084**.

**Credit Card Details**

Please debit my credit card in the amount of: $240

Card type: Visa card  Mastercard

**Card Number: \_\_\_\_\_\_**/\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/

**Expiry Dat**e: **\_\_\_\_\_**/\_\_\_\_\_\_ **Card Holders Name:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Medical Information.** Please indicate below any illnesses/conditions in case medical treatment is required or that course leaders/organisers need to be aware of.

Click or tap here to enter text.

**Parent/Guardian Consent**

In the event of an accident or illness during the weekend I give permission for my child to receive medical attention. I have informed the NSW Talent Centre of any condition/illness which may inhibit or affect treatment. I have read and understood the REFUND policy.

Parent/Guardian Name: Click or tap here to enter text. Signature: Click or tap here to enter text.

**If this form is emailed no signatures are required.**