



2019 NMSS Application Form

6 – 19 January 2019

School: _____

Address: _____

Post Code: _____

PART A: To be completed by student:

Name: _____ Year level: _____

Address: _____

Post Code: _____ Email: (**print**) _____

Phone No: _____ Mobile: _____ Date of Birth: _____ Gender: _____

Please describe your participation and achievement in any mathematics **competitions** over the **last three years**, including this year.

Year	Competition	Achievement

Please describe your participation and achievement in any mathematics **enrichment or acceleration** programmes (including school-based programmes) over the **last two years**, including this year.

Year	Programme	Achievement

List any books or articles on mathematics you have read recently (if any).

List your grades or exam results in Year 11 Maths subjects:

Name of Subject	Semester	Year	Grades or exam results

Are you studying any Unit 3/4 Mathematics subjects? If so, which one/s?

Please describe below **why you would like to attend** the NMSS. Do not attach additional pages.

Please describe below what you believe you could **contribute to** the NMSS. Do not attach additional pages.

PART B. CONFIDENTIAL: To be completed by Student's referee (Maths teacher/Head of Maths)

Name of Referee: _____

Position: _____

Daytime contact telephone number: _____ Email address: _____
(please print)

Relation to Student: _____

Please rate the student on each of the following criteria.

	Low	Medium	High	Very high
Mathematical ability				
Interest in and enthusiasm for mathematics				
Likely contribution to Summer School				
Likely benefit from Summer School				

I verify that the information I have provided above, and that provided by the student in Part A, is accurate.

(Signature of referee.) _____

PART C: To be completed by school representative

The school will be able to administer the (90 minutes) MAV Test for NMSS on 3 August 2018. **YES / NO** (please circle your response)

School contact person for examination arrangements: (please print)

Name _____

Telephone _____ Email address (please print) _____

Thank you

Closing date for receipt of this application is 27 July, 2018.

Please return this form to:

**BY POST: 2019 NMSS Applications, MAV, 61 Blyth Street, Brunswick, VIC 3056
or BY FAX: 9389 0399**