

NMSS 2021 Application Form January 10-23

School:						
Address:						
				Post Code:		
PART A: To be	completed by student	t				
Name:					Year level:	
Address:						
Post Code:	Email (print):				
Phone No:	Mob	oile:	[Date of Birth:	Gender:	
Please describe yoincluding this yea		nievement in	any mathe	ematics competitic	ons over the last three ye	ars,
Year	Competition			Achieveme	ent	
	our participation and ach		-		t or acceleration program	ns
			-			ns
(including school-	based programs) over th		-	ding this year.		ms
(including school-	based programs) over th		-	ding this year.		ms
(including school-	based programs) over th		-	ding this year.		ms
(including school- Year	based programs) over th	ne last two ye	ears, includ	ding this year. Achieveme		ms
(including school- Year	based programs) over th Program	ne last two ye	ears, includ	ding this year. Achieveme		ms
(including school- Year	based programs) over th Program	ne last two ye	ears, includ	ding this year. Achieveme		ms
(including school- Year List any books or	based programs) over th Program	you have rea	ears, included and recently	ding this year. Achieveme		ms
(including school- Year List any books or	Programs) over the Program articles on mathematics or exam results in Year 11	you have rea	ears, included and recently	ding this year. Achieveme	ent	ms
List your grades o	Programs) over the Program articles on mathematics or exam results in Year 11	you have rea	ects:	ding this year. Achievement (if any).	ent	ms
List your grades o	Programs) over the Program articles on mathematics or exam results in Year 11	you have rea	ects:	ding this year. Achievement (if any).	ent	ms
List your grades o	Programs) over the Program articles on mathematics or exam results in Year 11	you have rea	ects:	ding this year. Achievement (if any).	ent	ms

Please describe below why you would like t o	o attend the N	MSS. Do not at	tach additio	nal pages.		
Please describe below what you believe you	could contrib u	i te to the NMSS	. Do not att	ach additional page		
PART B: (CONFIDENTIAL) To be compl	eted by Stud	ent's referee	(Maths Tea	acher/Head of Ma		
Name of Referee:						
Referee's Position:						
Contact Number:	Email (print):					
Relation to Student:						
Please rate the student on each of the follo	wing criteria:					
	Low	Medium	High	Very high		
Mathematical ability						
Interest in and enthusiasm for						
Likely contribution to Summer School						
Likely benefit from Summer School						
I verify that the information I have provided	d above, and p	rovided by the	student in P	art A. is accurate		
•	•	-		a. c., 1, 10 acca. acc		
(Signature of referee)						
DART C. To be consulted the cobrel was						
PART C: To be completed by school rep		T 1 (NIN 400 -	. 71b. A	1 2020		
The school will be able to administer the (90	minute) MAV	lest for NMSS c	on /th Augus	st 2020:		
YES / NO (please circle your response)						
School contact person for examination arra	ngements: (ple	ease print)				
Name						
Telephone Email (p r	rint):					

Closing date for receipt of this application is 24th July, 2020. Please return this form:

BY EMAIL: office@mav.vic.edu.au

or BY POST: 2021 NMSS Applications, MAV, 61 Blyth Street, Brunswick, VIC 3056

or BY FAX: 9389 0399