



NOMINATION FORM FOR 2025 JCU-NEWMAN INTERSCHOOL MATHS COMPETITION

SCHOOL NAME: _____

NAME OF TEACHER/HOD CONTACT: _____

WILL A TEACHER ACCOMPANY THE STUDENTS (YES/NO)? IF YES, PLEASE STATE THEIR NAME:

Team 1 (three Year 7 students)

Name of student	Medical information YES ¹ / NO	Dietary requirements e.g. vegan, gluten-free, etc.	Media consent YES ² / NO
1.			
2.			
3.			

Team 2 (three Year 8 students)

Name of student	Medical information YES ¹ / NO	Dietary requirements e.g. vegan, gluten-free, etc.	Media consent YES ² / NO
1.			
2.			
3.			

Team 3 (three Year 9 students)

Name of student	Medical information YES ¹ / NO	Dietary requirements e.g. vegan, gluten-free, etc.	Media consent YES ² / NO
1.			
2.			
3.			

¹If 'YES', please attach detailed medical information for each student.

²By indicating 'YES' to media consent, I (the undersigned) confirm that the parents/carers of the student nominees have provided their consent for their child to be photographed and/or filmed by event organisers, and for the media content to be used, stored, published and distributed for promotional purposes by the event organisers.

NAME: _____	SIGNATURE: _____	DATE: _____
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Return to Mr. Luke Currie by emailing lcurrie2@cns.catholic.edu.au .