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Ministry of Education
 SINGAPORE

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9 February 2015

Parents of Primary 3 pupil

Through: Principal
CORAL PRIMARY School

GIFTED EDUCATION PROGRAMME (GEP) TEST DATES (2015)

The GEP seeks to provide opportunities for the intellectually gifted to develop their potential in an educational environment that is designed to stimulate intellectual growth. Pupils for the GEP are selected through two rounds of tests: the Screening Test (1st round) and the Selection Test (2nd round).

2	<u>Test</u>	<u>Date</u>
	GEP Screening Test (English Language and Mathematics)	28 August 2015 (Friday)

Shortlisted pupils are invited to sit the GEP Selection Test.

GEP Selection Test (English Language, Mathematics and General Ability)	20, 21 October 2015 (Tuesday, Wednesday)
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3 The GEP Screening Test and the GEP Selection Test will be based on the Primary 1 to Primary 3 English Language and Mathematics syllabuses. The topics "Area and Perimeter", "Geometry" and "Time" in the Primary 3 Mathematics syllabus will be excluded from the Screening Test. **However, these 3 topics will be included in the Selection Test.**

4 Details of the GEP Tests will be given in August 2015.

Mrs Deborah Tan

Mrs Deborah Tan
 Deputy Director
 Gifted Education Branch
 Curriculum Planning & Development Division



Integrity, the Foundation • People, our Focus • Learning, our Passion • Excellence, our Pursuit



Coral Primary School

Parental Reply/Acknowledgement Form (To be submitted to Form Teacher **by Tuesday, 3 March**)

Name of Child / Ward: _____ (Reg No. _____) Class: _____

A. P3 Breakfast and Bonding@ Coral

P3	
Date	Tuesday, 10 March 2015
Time	7.40 am – 8.10 am

(Please tick in the box)

I will not be attending the Breakfast @ Coral. (a 'Nil' return is required)

I will be attending the Breakfast @ Coral.

No. of family members attending: _____

*For security reasons, please register at the security post before you proceed to the canteen. Thank you.

B. P3 Engaged Learning beyond Coral

I acknowledge that my child/ward will take part in the Engaged Learning beyond Coral and am aware of the things that my child/ward needs to bring for the activity.

Name of Parent/Guardian

Date

Parent's /Guardian's Signature*

Contact Number