



Mearns Castle High School

Celebrating Pupil Achievement

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|-------|--|------------|--|
| Name | | Year Group | |
| House | | | |

We are interested in finding out the activities/hobbies/interests you have in and out of school. Please fill out a **separate** form for **each** achievement you want to be considered.

Please tick category of application

| | | | |
|-------------------------------------|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Enterprise | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Sport | <input type="checkbox"/> Expressive Arts |
|-------------------------------------|--------------------------------------|--------------------------------|--|

Tick up to three skills that you have demonstrated in your activities

| <u>Successful Learner</u> | | <u>Confident Individual</u> | | <u>Responsible Citizen</u> | | <u>Effective Contributor</u> | |
|---------------------------|--|-----------------------------|--|----------------------------|---|------------------------------|--------------------------|
| <input type="checkbox"/> | Enthusiasm and motivation for learning | <input type="checkbox"/> | Self Respect | <input type="checkbox"/> | Respect for others | <input type="checkbox"/> | An enterprising attitude |
| <input type="checkbox"/> | Determination to achieve high standards of achievement | <input type="checkbox"/> | A sense of physical, mental and emotional well-being | <input type="checkbox"/> | Commitment to participate responsibly in political, economic social and cultural life | <input type="checkbox"/> | Resilience |
| <input type="checkbox"/> | Openness to new thinking and ideas | <input type="checkbox"/> | Secure values and beliefs | | | <input type="checkbox"/> | Self-reliance |
| | | <input type="checkbox"/> | Ambition | | | | |

1. Please give a brief description of your success, giving details of dates of competitions, awards, participation etc

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|---|--|
| When did the activity take place? | |
| Where did it take place? | |
| Who was the activity arranged through? | |
| Describe what you did | |
| | |

2. **References and Evidence**

To support this application please provide a reference where possible from your group leader, coach or teacher. To help provide a full picture to support your application and to help the school celebrate your success, please attach any **PHOTOCOPIES** of photos, certificates, medals or other relevant information with this form. **Originals will not be accepted.**

3. Parents or carers, please add any additional information you feel may be relevant below

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|-------------------|--|
| Pupils Signature | |
| Parents Signature | |
| Date | |

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|---|--|---------------------------------------|---------------------------------------|
| For Office Use Only | | | |
| <input type="checkbox"/> Personal Achievement | <input type="checkbox"/> House Colours | <input type="checkbox"/> Half Colours | <input type="checkbox"/> Full Colours |