



TARGETED SPORTS PROGRAM APPLICATION (YEARS 7 – 12)

(This application is for the Targeted Sports Program only)

STUDENT INFORMATION

Family Name: _____

Given Name/s: _____

Present Primary/Secondary School: _____

Current Year of Schooling: _____ Date of Birth: _____ M/F _____

Circle the Year for which application is made:- 7 8 9 10 11 12

Name of Parent/Guardian: (Ms/Mrs/Mr) _____

Home Address: _____

_____ Post Code: _____

Email: _____

Telephone: (Home) _____ Mobile: _____ (Work) _____

I WISH TO BE CONSIDERED FOR THE TARGETED SPORTS PROGRAM (TSP)

I WISH TO BE CONSIDERED FOR SCHOOL PLACEMENT IF TSP PLACES ARE UNAVAILABLE
(Tick if applicable)

\$30-00 Non-refundable Administration Levy paid – receipt attached

Two most recent school reports attached

PARENT / GUARDIAN DECLARATION

I understand that there is an expectation that all TSP students will represent the school in any Combined High School competition or carnival the school enters. Should a student elect to withdraw from the Targeted Sports Program or is excluded from the program because of behaviour or attitude he/she will be required to forgo their enrolment at the school.

I understand that there are charges associated with this Program and agree to pay these charges at the commencement of each school year. Charges range from \$600 to \$1250 per annum.

To the best of my knowledge my student has no medical condition/physical disability which puts him/her at risk while participating in the TSP.

Parent/Guardian Signature: _____

Date: _____

CHOICE OF SPORT

SPORT SELECTION

(If a team sport include position)

SPORTING EXPERIENCES AND ACHIEVEMENTS
(IF SWIMMING OR ATHLETICS GIVE P.B.)
(ATTACH COPIES OF SUPPORTING DOCUMENTS)

NAME AND ADDRESS OF PEOPLE WHO WILL SUPPORT THIS APPLICATION

ADDITIONAL INFORMATION THAT WILL SUPPORT THIS APPLICATION

This must include your child's two most recent school reports.