

SPORTS ACADEMY APPLICATION FORM

(To be returned with the Enrolment Form)

Name:				
Current School:				
Mailing Address:				
Parent/Carer Phone Number:		Parent/Carer Email:	_ Parent/Carer Email:	
Parent/Carer Name			Parent/Carer Signature	
Please indicate the specific Sports Academy you are applying for (tick one): AFL Basketball Football (Soccer) Hockey Netball				
List your sporting experience relevant to your chosen sport and any other athletic / sporting history that may support your application.				
Spo	ort r	umber of Years Played	Club/School/Representative Level	
Why do you want to be part of the Kirwan High Sports Academy?				
What are the qualities/attributes you will bring to the Sports Academy?				
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Teacher/Coach Reference. Please comment on the student's commitment to sport, work ethic, sporting strengths and areas of improvement.				
The Sports Academy fee is \$200) per annum. A full refund will be provided to unsucce	ssful applicants.		
You must attend a trial day to fire		• •	poship which the reheal enters	
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♦ 64 Hudson Street, Kirwan PO Box 33, Thuringowa Central, QLD 4817				
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kirwanshs.eq.edu.au				
The Queensland Department of Education trading as: Education Queensland International (EQI) CRICOS Registration Number: 00608A				
OFFICE USE ONLY		PROCESSING WORKFLOW		
1.Payment Processed in full	2. Photocopy Application & hold at office	3.Original to Academy Deputy Principal for approval	4. Original returned Timetabler (refund if required)	
\$		Approved YES / NO	Completed YES / NO	