





SPORTS ACADEMY APPLICATION FORM

(To be returned with the Enrolment Form)

		1.0 20.000			
Name:					
Current School:					
Mailing Address:					
Parent/Carer Name:			Parent/Carer Signature	2	
			Parent/Carer Email:		
Please indicate the specific AFL Basketball				Touch Football	Volleyball
List your sporting experier	nce relevant to your chos	sen sport and any other a	thletic/sporting history	that may support	t your application.
Spo	rt	Number o	f Years Played	Club/S	ichool/Representative Level
Why do you want to be par	t of the Kirwan High Spo	orts Academy?			
What are the qualities/attr	ributes you will bring to t	he Sports Academy?			
Teacher/Coach Reference	Please comment on the	student's commitment t	a sport work ethic spor	ting strengths and	d areas of improvement
reacticity Codell Reference	. I lease comment on the	student s communent t	o sport, work etine, spor	ting sti engths and	a areas of improvement.
 The Sports Academy fee is \$200 You must attend a trial day to fir There is an expectation that all S This application will be used in companies. 	nalise your application. Sports Academy students will rep	resent the school in any relevar	nt high school competition or ch		school enters. ment, effort and behaviour are all considered.
	PO Box 33, Thuringowa				TAT A
(07) 4773 8111	@ admin@kirwanshs.eq.ed				P CH SCHO A
kirwanshs.eq.edu.au	www.facebook.com/Kir	wanStateHighSchool			A HI OF A
The Queensland Department of E	ducation trading as: Education	Queensland International (EQ) CRICOS Registration Number	r: 00608A	
OFFICE USE ONLY		PROCESSING WORKFLOW			

Approved YES / NO

3.Original to Academy Deputy Principal for approval

4. Original returned Timetabler (refund if required)

YES / NO

Completed

2. Photocopy Application & hold at office

1. Payment Processed in full