APPLICATION FORM

Sport Extension Program 2025

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Student Name (print first & last name):					
Date of Birth:					
Current School:					
Program you're applying for (please note that all programs cater for all genders):					
Football (Soccer/Futsal) / Volleyball					
Parent/Carer Details					

-					
Parent/Carer Name:					
Parent/Carer Phone Number:	Mob:	Home:			
Parent/Carer Email Address:					
Address					
Address:					
Please complete the section on the back of this form to tell us more about your sports' experience & skill.					
Note: Applicants are required to auditi	on as part of the selection proces	S			

For more information, please contact Head of Department - HPE, Mrs Naomi Gomersall on 3480 4777 or info@clontarfbeachshs.eq.edu.au

SQUAD TRY OUTS

VOLLEYBALL, FOOTBALL TO BE HELD ON ORIENTATION DAY

TUESDAY 3rd DECEMBER 2024

Students MUST bring appropriate gear for trial.

Successful Year 7 Applicants for extension programs will be notified by Friday 13th December 2024





My Skills & Experience

Current Club:				
Age Group (e.g. Under 13s):			Division:	
List any Representative Honours:				
Please give details of previous clubs/sch	nool competitions:			
Club:	Age:	Position:		
Club:	Age:	Position:		
Club:	Age:	Position:		
Club:	Age:	Position:	Position:	
Certification certify that information contained in an he provision of misleading information in illing in this form, I am NOT guaranteed	may lead to the cance	llation of my appli	cation. I also understand that by	
Applicant Signature:				
Witness Signature (parent/carer):				
Date:				

Please return this application completed and signed to the school by Friday 22nd November.

info@clontarfbeachshs.eq.edu.au

Please note: This Application does not constitute an enrolment, or an offer of enrolment for your child at Clontarf Beach State High School. Normal enrolment procedure must be followed in order to secure your child a place at the school.