



SEAVIEW HIGH SCHOOL – HIGH PERFORMANCE TENNIS APPLICATION

Student's Name

Address:

..... p/c

Parent/Guardian Names and Contact Phone Numbers (Work and Home)

Parent/Caregiver 1 Name:

Contact Phone Number: Email address:

Parent/Caregiver 2 Name:

Contact Phone Number: Email address:

Current School: Current Year Level:

Division:

Tennis Experience:

Name of Current Tennis Coach:

Name of Tennis Club:

Contact Phone Number/s:

Please include the following with your application:

- Confidential referee statement/s (template is on the school website and is to be sent directly to Seaview HS)
- Most recent school report

In your own words, explain why you would like to participate in the High Performance Tennis program and what strengths you bring to the program.

.....
.....
.....

Please return this form to Seaview High School
Please contact the school or visit
www.seaviewhs.sa.edu for more information.

Seacombe Road, Seacombe Heights SA5047
Ph: 8377 8000 www.seaviewhs.sa.edu.au



**Government
of South Australia**

Department for Education
CRICOS Provider No. 00018A