



## SEAVIEW HIGH SCHOOL – SPECIAL INTEREST SPORTS 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: .....

Sports Experience: .....

Name of Current Sporting Club/s: .....

Name of Coach/PE Teacher: .....

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 Special Interest Sports program and what strengths you bring to the program.

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Please return this form to Seaview High School  
Please contact the school or visit  
[www.seaviewhs.sa.edu](http://www.seaviewhs.sa.edu) for more information.

Seacombe Road, Seacombe Heights SA5047  
Ph: 8377 8000 [www.seaviewhs.sa.edu.au](http://www.seaviewhs.sa.edu.au)



**Government  
of South Australia**

Department for Education  
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