



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)
- 2 most recent school reports
- 2 minute application video

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 for more information.

Seacombe Road, Seacombe Heights SA 5047
Ph: 8377 8000 www.seaviewhs.sa.edu.au



**Government
of South Australia**

Department for Education
CRICOS Provider No. 00018A