



**SPECIAL INTEREST SPORTS/HIGH PERFORMANCE TENNIS APPLICATION**

Student's Name .....

D.O.B ..... ED ID Number.....

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: .....

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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)
- Two most recent school reports
- Video submission uploaded to Showbie (see website for instructions)

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 SA 5047  
Ph: 83778000 [www.seaviewhs.sa.edu.au](http://www.seaviewhs.sa.edu.au)



**Government of South Australia**

Department for Education  
CRICOS Provider No. 00018A