

## ROUND TWO SPORTS EXCELLENCE PROGRAM APPLICATION: YEAR 7 2025

Applications close: **3:30pm Wednesday 17<sup>th</sup> July 2024**Submit in person or by email to:

excellence@southportshs.eq.edu.au Offers of acceptance will be made by Thursday 29th August 2024.

NAME:	DATE:
D.O.B:/	GENDER:
CURRENT YEAR LEVEL:	_CURRENT SCHOOL:
SIBLING/S CURRENTLY ATTENDIN	G SOUTHPORT SHS:
PARENT/GUARDIAN NAME:	
HOME ADDRESS:	
EMAIL:	<u>@</u>
PHONE:	MOBILE:
	CELLENCE PROGRAMS YOU WOULD LIKE TO TRIAL FOR: by Sport Excellence Programs students may apply and trial for
☐ General Sport Excellence	
☐ AFL Excellence	
☐ Basketball Excellence	
☐ Netball Excellence	
☐ Rugby League Excellence (Com	nencing from 2024 in <u>Year 7 ONLY</u> )
☐ Soccer Excellence	
☐ Touch Football Excellence	

1.	Current coaching and training: (specify hours of training per week, who with etc.)
2.	Highest school sporting achievements: (Age champion, Broadwater champion, Broadwater representative, South Coast representative etc.)
3.	Highest sporting achievements outside of school: (Club competitions, state or national title competitions and achievements etc.)
4.	What is the biggest goal you want to achieve in your sport(s) and how long will it take for you to accomplish it?

SPORTS EXCELLENCE PROGRAM APPLICATION CHECKLIST:
☐ I have completed all sections of the Sports Excellence Program application form.
☐ I have included a copy of my last two Semester reports & Year 5 NAPLAN.
☐ I am available to attend the Sports Excellence Program trials at Southport State High School as follows: Week beginning Monday, 5 <sup>th</sup> August 2024. (see Excellence Programs Application Guide for details).
☐ If currently residing outside of the school catchment area with no sibling currently attending, I understand a \$50 non-refundable administration fee is payable upon application.
☐ I understand that should I be offered a place in the Sports Excellence Program, it is a requirement that I display appropriate behaviour and attitude across all areas of learning at school. I am aware that should my behaviour be less than exemplary, I may be at risk of losing my position within the Sports Excellence Program.
☐I understand the decision with regard to the awarding of entry into the Sports Excellence Program, bursaries and ongoing participation in the program will be at the discretion of the Principal.
☐ I understand if I am accepted into two (2) or more programs, I may not be able to partake fully in all nominated Excellence Programs for the full 12 months due to timetabling limitations. Individual cases will be discussed upon successful entry into the Excellence Program.
☐I understand that upon being accepted to the Sports Excellence program I may be required to purchase a specialized uniform and or/equipment.
☐ I have read the <b>Excellence Programs 2025 Application Guide</b> and understand the requirements pertaining to any trials associated with the program.
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STUDENT'S SIGNATURE:
STUDENT'S SIGNATURE:
STUDENT'S SIGNATURE:
PARENT'S SIGNATURE:  PARENT'S SIGNATURE:  DATE:  DATE:  APPLICATION FEE (for Non-Catchment Applicants only with no sibling currently attending):  A once only, non- refundable \$50 administration fee must be paid upon application to any Excellence Programs for any students who currently reside of the Southport State High School catchment area (and do not currently have a sibling attending). Please note, this fee is payable only once, even if submitting multiple
PARENT'S SIGNATURE:
PARENT'S SIGNATURE:
STUDENT'S SIGNATURE:

Payment can be made at the school finance office on Monday to Wednesday from 8:00am to 12:30pm. <u>Please note: Finance is closed on Thursdays and Fridays.</u>

PAYING BY BANK TRANSFER: Account Name: Southport SHS General.

BSB: 064-430 (CBA) A/C: 00090200

Reference: CATCH (student name)