

Aquatics Excellence Program Application



Application Form A

1. Student Personal Information

Surname: _____ Given Names: _____

Address: _____

Date of Birth: ____/____/____

I am applying for the Year: 7 8 9 10 11 12 Program (please circle one)

2. Parent/Guardian Information: (please print clearly so information recorded is accurate)

Name: _____

Home Phone No: _____ Parent Mobile Phone No: _____

Email address: _____

3. School Information

Current School: _____ Current Year Level: _____

4. Previous history in Aquatics Sports/ competitions and recreation or club memberships

5. Current training you are participating in.

6. **IMPORTANT - please attach a photocopy of your last School Report (for 2025 Term 1 commencement, please attach Semester 1 2024 report).**

Applicant's signature

Parent/Guardian Signature

Date

Return to:

enrolments@kawanawaterssc.eq.edu.au

Kawana Waters State College

Secondary Campus

PO Box 1049, Buddina QLD 4575

