

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 2026 Term 1 commencement, please attach Semester 1 2025 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

My Personal Application

We would like to know more about your goals and interest in joining the Aquatics Program at Kawana Waters State College. Please use the space below to outline your goals/reasons for wanting to participate in the program.

[illegible]

Student Name: _____

Student Signature: _____

Date: _____