

Football Excellence Program Application



Application Form A

1. Student Personal Information

Surname: _____ Given Names: _____

Address: _____

Phone: _____ Email: _____

Current Age: _____ Date of Birth: ___/___/___ Male/Female

2. Parent/Guardian Information

Name: _____

Home Phone No: _____ Mobile No: _____

Email Address: _____

3. School Information

Current School: _____ Current Year Level: _____

4. Previous History of Football

Current Club: _____ Current Division: _____ Position: _____

2025 _____

2024 _____

2023 _____

2022 _____

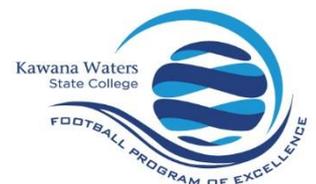
5. Other Football Participation (E.g. Academies, Clinics, Futsal, Rep Teams)

6. Please attach a photocopy of your last School Report

Applicants Signature

Parent/Guardian Signature

Please return to:
Kawana Waters State College
PO Box 1049, Buddina QLD 4575
Email: tgood128@eq.edu.au



Football Excellence Program Application



Application Form B COACH to complete

Coaching report for: _____ (Applicant's name)

Name of Coach: _____ Phone: _____

Coaching Qualifications

Would you please provide your impressions of the applicant under the following headings:

Technical Ability

Attitude (including personal discipline and concentration)

Fitness

Potential and Coachability

Coach's signature

