

Aquatics Excellence Program Application



Application Form A

1. Personal Information

Surname: _____ Given Names: _____

Address: _____

_____ Phone No: _____

Current Age: _____ Date of Birth: ____/____/____

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

2. Parent/Guardian Information:

Name: _____

Home Phone No: _____ Parent Mobile Phone No: _____

Email address: _____

3. School Information

Current School: _____ Current Year Level: _____

4. Previous History in Aquatic Sports / competition and recreation or club memberships.

5. Current training you are participating in.

6. Please attach a photocopy of your last School Report.

Applicant's signature

Parent/Guardian Signature

Return to:

Kawana Waters State College
PO Box 1049, Buddina QLD 4575

