SSC Application Form

Personal Details

Additional Details

Student Name _____

Gender _____

Date of Birth _____

Current School _____

Sport 1 _____

Club/Team currently playing with _____

Sport 2 _____

Club/Team currently playing with _____

Year Level in 2021 _____

Caregiver Details

Caregiver Name _____

Street Address _____

Suburb _____

Postcode _____

Mobile Phone _____

Home Phone _____

Work Phone _____

Email _____

Athlete Self Nomination

Athlete - please complete this section with your own thoughts on the 2 questions below. Being clear about your motivations for applying to the Wirreanda Specialist Sports Course is a key first step to becoming a successful athlete.

Why would you like to be a Specialist Sports Course student at Wirreanda Secondary School?

Please explain how you would work toward your athlete/sport goals in the Specialist Sports Course at Wirreanda Secondary School.

Reference from Coach / PE Teacher

Coach Contact Details

Name of Coach:

Position Held:

Contact No (office hours):

Present Club / Training Venue:

Athlete Details

Given Names

Last Name

Position within team:

Please describe the Athlete in relation to the following

1. Strengths

2. Areas for development

3. Training commitment

4. Coachability

5. Attitude/Sportsmanship

Checklist

- ◻ Attach an ID photo to the first page
- ◻ Complete the Personal Details page with the Athlete and Caregivers details
- ◻ Ask your current coach/PE teacher to complete Reference from Coach page
- ◻ Complete the Athlete Self Nomination
- ◻ Attach copies of all school reports from 2019
- ◻ Check the Declaration section below. Ensure both Declarations have been signed by a caregiver
- ◻ Submit your complete application via the Front Office

Declarations

I am aware I need to provide all 2019 school reports, reference from a coach or PE Teacher and an individual photo by the day of Specialist Sports Course Trial.

Caregiver Name _____ Caregiver Signature _____

I declare that the information provided in this Specialist Sports Course Application is, to the best of my knowledge and belief, accurate and complete. I recognise that, any information as part of this application later proves to be false or misleading, any decision made as a result of this application may be reversed. I understand that any enrolment following this process will be subject to consideration and acceptance of a School Enrolment Form.

Caregiver Name _____ Caregiver Signature _____