

Family Name		Given Name	ne		Date of Birth
Home Address					
				Post Co	do:
Name of Parent/Guardian					
Home Telephone		Work telephone			
Email					
Present Primary /Secondary		Circle Present Year			
School		678	9 10	12	
Name of Local State High		Circle the School Year for which application is made			
School		7 8 9 10 11 12			
Nominate two persons v regard to this application		repared to act	as refere	ees for you in	Attach a Passport size photograph of Application here with Name clearly printed on the back
1.Name of Referee	Position		Home te	elephone	Work telephone
2. Name of Referee	Position		Home te	elephone	Work telephone
Please attach copies of the applicants last two academic reports. The 2019 half yearly school report when it becomes available. The application will not be considered if the reports are not supplied. This application and all sporting material will become the property of Crestwood High School and will not be returned to the applicant. Do not attach original documents to the application. Forward/attach photocopies only.					
I agree to abide by the conditions set out on the back of this page,					
Parent/Guardian's signature					
Date					

Crestwood High School Application for Enrolment

Surname:	Given Name
Height: Weight:	Date of Birth
Current Club Membership or 2020 Representati	ve team playing/played for:
Preferred Position(s):	
Details of best individual performances/represer	ntative experience:
Coach/Referee:	Phone No:
Coach/Referee:	Phone No:
Is there any additional information you would like	e to add? (Attach sheets if necessary)

Note: Acceptance into Crestwood High School Talented Football Program is determined by Crestwood High School and the Head Coach. No further correspondence will be entered into.

I certify all of the above information to be correct and agree to the conditions of enrolment in Crestwood High School Talented Football Program.

Signed:	Date:
(Parent/Guardian)	