

Family Name		Given Name		Date of Birth
Home Address				
Post Code:				
Name of Parent/Guardian				
Home Telephone		Work telephone		
Email				
Present Primary /Secondary School		Circle Present Year 6 7 8 9 10 12		
Name of Local State High School		Circle the School Year for which application is made 7 8 9 10 11 12		
Nominate two persons who are prepared to act as referees for you in regard to this application				Attach a Passport size photograph of Application here with Name clearly printed on the back
1.Name of Referee	Position	Home telephone	Work telephone	
2. Name of Referee	Position	Home telephone	Work telephone	
<p>Please attach copies of the applicants last two academic reports. The 2021 half yearly school report when it becomes available. The application will not be considered if the reports are not supplied.</p> <p>This application and all sporting material will become the property of Crestwood High School and will not be returned to the applicant.</p> <p>Do not attach original documents to the application. Forward/attach photocopies only.</p> <p>I agree to abide by the conditions set out on the back of this page,</p> <p>Parent/Guardian's signature</p> <p>Date.....</p>				

Crestwood High School
APPLICATION FOR ENROLMENT

Surname: Given Name

Height: Weight: Date of Birth

Current Club Membership or 2021 Representative team playing/played for:

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Preferred Position(s):

Details of best individual performances/representative experience:

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Coach/Referee: Phone No:

Coach/Referee: Phone No:

Is there any additional information you would like to add? (Attach sheets if necessary)

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Note: Acceptance into Crestwood High School Talented Soccer 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 Soccer Program.

Signed: **Date:**
(Parent/Guardian)