



SPECIAL INTEREST VOLLEYBALL

Application
Form





SPECIAL INTEREST VOLLEYBALL PROGRAM OUT OF ZONE APPLICATION FORM

SPECIAL INTEREST VOLLEYBALL PROGRAM APPLICATION FOR ENTRY TO YEAR 8

Return to: Co-ordinator of Volleyball, Brighton Secondary School, 305 Brighton Road, North Brighton SA 5048 - Phone: 8375 8207

STUDENT INFORMATION

Student Name: _____ Male/Female: (please circle)

Date of Birth: ___/___/____ Current School: _____

Home Address: _____

Postcode: _____

Home Phone: _____ Mobile: _____

PARENT/GUARDIAN INFORMATION

Parent 1 Name: _____ Mobile: _____

Parent 2 Name: _____ Mobile: _____

SPORTS INFORMATION Please list all sports/teams the student has represented

Sport 1:	Team Name/Division:	Level of Involvement National, State, SAPSASA, Club, Grade, School
Sport 2:	Team Name/Division:	Level of Involvement National, State, SAPSASA, Club, Grade, School
Sport 3:	Team Name/Division:	Level of Involvement National, State, SAPSASA, Club, Grade, School

STUDENT STATEMENT To be filled in by the student who is applying:

Why do you wish to be involved in the Special Interest Volleyball Program at Brighton Secondary School?

Please write the name and contact phone numbers of the coach and year 7 teacher to whom you have sent referee forms.

Coach Name: _____ Coach Details: _____

Teacher Name: _____ Teacher Details: _____

Thank you for your time and effort in completing these responses. Please return in the prepaid envelope before the close of applications.

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Department for Education

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