

SPECIAL TENNIS PROGRAM 2018 APPLICATION FORM



*Enrolling in Year					
*Seeking Entry Into:					
Surname:					
First Name:				Attach	
Residential Address:				110001	
				Passport	
				Photo Here	
Suburb:					
State:	Postcode:				
Telephone:					
Email Address:					
Date of Birth:					
School Currently Atte	nding:				
Playing Experience (Pennant Level, Tournament Performance):					
riaying Experience (Fermant Level, Fournament Ferformance).					
Australian Banking (v	io www toppis com au):				
Australian Ranking (v	ria <u>www.tennis.com.au</u>):				
2017 Testing Days*:	(Cross Droference)		Thursday	Jaroh Ond @ Jaro	
2017 Testing Days*: ((Cross Preference)		Thursday March 2nd @ 4pm		
			Thursday May 25 th @ 4pm		
☐ Thursday July 27 th @ 4pm					
* Testing by appointment after July 27 th					

IMPORTANT!!

A copy of your <u>latest school report</u> and <u>one confidential reference</u> from your current school teacher must be received no later than one week prior to testing.

Send application to: The Special Tennis Program Coordinator

Applecross Senior High School

Links Road

ARDROSS WA 6153