SPECIAL TENNIS PROGRAM
2017 APPLICATION FORM

***Enrolling in Year**	☐ Year 7 2017	☐ Year 7 2018	☐ Year 7 20____		
***Seeking Entry Into:**	☐ Year 7	☐ Year 8	☐ Year 9	☐ Year 10	☐ Year 11	☐ Year 12

Surname:	
First Name:	
Residential Address:	
Suburb:	
State:	Postcode:

Attach Passport Photo Here

Telephone:	
Email Address:	
Date of Birth:	
School Currently Attending:	
Playing Experience (Pennant Level, Tournament Performance):	
Australian Ranking (via www.tennis.com.au):	
2016 Testing Days*: (Cross Preference)	☐ Thursday March 17th @ 4pm
	☐ Thursday May 26th @ 4pm
	☐ Thursday July 28th @ 4pm
* Testing by appointment after July 28th	

IMPORTANT!!

A copy of your ***latest school report*** and ***one confidential reference*** 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