

## **Special Tennis Program** Application Form This form will submit when all sections in **RED** are completed.

Date of Application:		Testing Day:	
Currently In year:	Seeking Entry Into:		Seeking entry in Year:
Student Surname:			
First Name:			
Preferred Name:			
Gender:			
Date of Birth:			
Current School:			Passport Photo
Playing Experience (Pennant Level, Tournament Performance):			

Australia Ranking (via www.tennis.com.au) **CTR Rating:** Singles: Doubles: **FAMILY DETAILS** Contact: Title: Family Surname: First Name: Mobile: Email: Address: Suburb: Postcode: **ATTACHMENT CHECKLIST:** 

**IMPORTANT!!** 

Students wishing to enter the Program must pass a tennis skills appraisal and have their school report approved by the Applecross SHS Principal.

## Testing by appointment after July 25th.

Press SUBMIT when all sections in RED are completed. You will be unable to press SUBMIT if sections in **RED** are not completed. Once the request has been submitted online you will receive an email acknowledging your application. You are then required to attach mandatory documentation to this email.

Should the above documents not be available when submitting your application, please email documents to the Special Tennis Program Coordinator, Chelsea Church (Chelsea.Church@ education.wa.edu.au), no later than ONE WEEK prior to testing, as part of the selection process.