SPORTS ACADEMY

APPLICATION PACKAGE FOR 2017

Student name: ______________________

Year level in 2016: _________________

Application Due Date

Applications due Friday 26th August 2016

Are you applying for more than one Academy? □ YES □ NO

If YES you must complete a separate application for each academy AND number them in order of preference:

☐ Sports Academy

☐ Creative Industries Academy

☐ STEM Academy

• Every student applying for an academy must also complete a Personalised Interest Project (PIP) selection form.
• This application is in addition to your child’s school enrolment. Please ensure your child’s enrolment has been finalised.

Fee: $45 which includes a Sports Academy shirt and some local excursions.

Shirt size: _______________________

There may be additional expenses for professional experts and/or longer excursions, of which you will be notified.
Student details:

Student Name: ________________________________________________________________

Current School: ____________________________________________________________

Campus you will be attending in 2016: ______________________________________

Date of Birth: __ / __ / ____    Gender: (please circle)     Male    Female

Parent/Carer Name/s: __________________________________________________________

Address:________________________________________________________________________

Phone Number: (Home)__________________ (Mobile):  ________________________

E-mail address (Parent/Guardian):_______________________________________________________

Please only attach COPIES of certificates, reports, resumes, art works, performances etc to this application.

NOT ORIGINALS

Academic Achievement, Application and Conduct:

Please attach a copy of your most recent school report.

Areas of Interest:

List the areas of sport in which you are interested. This may include various sports, interests in coaching, refereeing, fitness, strength, nutrition etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why I’d like to be in the Sports Academy:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Sporting Activities and Achievements:**

Please outline the sporting activities in which you are involved, certificates of achievement, awards etc. For example, individual and/or team achievements in sport, record of representative attainment and/or performance, relevant qualifications etc.

Each of these can be outlined below, **you do not have to fill the table.**

<table>
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<tr>
<th>Activity/Activities</th>
<th>Skills you gained or success you had</th>
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**Additional Information:**

If you wish the College to consider any additional information, please outline this information below or attach the appropriate supporting data.
You may like to include a comment from an external coach or manager.

______________________________________________________________________________________
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Parent support of their child’s application:

Parent/s or Carers need to demonstrate their support of their child in the Creative Industries Academy Program.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Confirmation:

In submitting this form I declare that the information supplied on this form and in the accompanying documents and statements is complete and correct to the best of my knowledge. If any of the information is found to be false or misleading, I accept that Hastings Secondary College may cancel any offer that might be awarded to me on the basis of this application.

Student name: ______________________________ Signature:__________________ Date: ___________

Parent/Carer name:____________________________ Signature:__________________ Date:___________

Principal’s name: _____________________________ Signature: __________________ Date: ___________

Current principal or classroom teacher comments (optional)

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Documentary Evidence

Applications may include copies of documentary evidence. Documents, certificates and other attachments will NOT be returned once the successful applicants are announced.

Should you have enquiries please contact: Michelle Garven HT Teaching and Learning

Hastings Secondary College

Westport Campus P: 6583 6400

Port Macquarie CampusP: 6583 1844

Hastings Secondary College offers scholarships to Year 7 students.

Scholarship applications will be open in 2017.

Please phone to discuss any issues regarding fee payments.