



FOOTBALL SCHOOL

O F E X C E L L E N C E

KELVIN GROVE STATE COLLEGE/FOOTBALL QUEENSLAND



FOOTBALL QUEENSLAND

APPLICATION FORM

PERSONAL DETAILS

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PARENT/GUARDIAN NAME: _____

TELEPHONE: _____ MOBILE: _____

SCHOOL DETAILS

PRESENT SCHOOL: _____ CURRENT YEAR LEVEL: _____

PERSONAL QUALITIES

Why do you wish to enrol in the Football School of Excellence? _____

If selected what are you hoping to gain from being in the Football School of Excellence?

What are your other interests/hobbies besides football? _____

At this time, what are your ambitions on completing Year 12? _____

FOOTBALL BACKGROUND

CURRENT CLUB: _____ **AGE:** _____ **DIVISION:** _____

List your representative honours: _____

Please give details of previous clubs:

Year	Club	Age	Division

Give details of any recent coaching clinics or camps attended: _____

Please include other information you consider may be relevant to your application:

BEHAVIOUR RECORD

Please provide a list of referees with address and phone details who we may contact to verify a proven record of behaviour.

Referee Name	Address	Telephone	Email

Please complete and sign Certification before application

CERTIFICATION

I certify that the information contained in and accompanying this application is correct and complete. I understand that the provision of misleading information may lead to the cancellation of my application.

SIGNED: _____ (Applicant)

WITNESSED: _____ (Parent/Guardian)

DATE: _____