



QUEENSLAND TENNIS SCHOOL



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

KELVIN GROVE STATE COLLEGE / TENNIS QUEENSLAND

Application Form

Personal Details

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

School Details

Present School: _____ Intended Year Level: _____

Personal Qualities

Why do you wish to enrol in the Queensland Tennis School of Excellence?

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

What are your other interests/hobbies besides Tennis?

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

Tennis Background

Previous tennis coaching details:

Tournament participation and results in last two years: (best results)

Additional information (if insufficient room, attach additional page)

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	Phone	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 on misleading information may lead to the cancellation of my application.

Signed: _____ (Applicant)

Witnessed: _____ (Parent/Guardian) Date: _____