



# EXPRESSIONS OF INTEREST FORM

SPECIALIST COURSE: AVIATION  VOLLEYBALL

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## APPLICANT DETAILS

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

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## CURRENT SCHOOL DETAILS

Current Year Level: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Has your child been suspended during the past 2 years?  No  Yes

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## PARENT / CARER DETAILS

Name of Parent / Carer: \_\_\_\_\_

Postal Address (If different to above): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

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## AVIATION: APPLICANT'S INTERESTS, HOBBIES or INVOLVEMENT in AVIATION RELATED ACTIVITIES

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### **PARENTS – PLEASE ENCLOSE A COPY OF THE APPLICANT'S SEMESTER 1 2018 SCHOOL REPORT**

Acceptance into this course is subject to a satisfactory performance in the entry test, favourable school reports, appropriate behaviour and places being available. You will be notified of your acceptance or otherwise by mail early Term 3.

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## VOLLEYBALL: APPLICANT'S INTERESTS and/or EXPERIENCE in SPORTS

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Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_