



St. Laurence's College

EXCELLENCE PROGRAM (SPORT)- APPLICATION FORM

PRIVATE AND CONFIDENTIAL

This form acts as a guide for the College to ascertain the needs of students in regards to academic and sporting commitments. Information contained on this form will be used to make decisions to encourage student excellence across their academic and sporting pursuits. Please ensure you refer to the selection criteria document to see if you meet all the requirements.

PARENTS AND STUDENTS TO COMPLETE

Student Name: _____

Student ID: _____

Year Level: _____

Home Class: _____

Academic Involvement and Academic Goals

What subjects do you currently study and your most recent results?

Subject	Result	Subject	Result

What are your academic goals and/or career aspirations post-secondary school? (E.g. Tertiary Study/Apprenticeship etc.)

Current Sport/Co- Curricular Involvement

What teams/squads are you currently a member of outside of St. Laurence's? (E.g. Queensland Academy of Sport/Easts Premier Hockey)

What are your present training and competition commitments for these squads? Please outline days, times etc. Please also include travel requirements if this is a factor.

Day	Training Time (Before School) & Session Type	Training Time (After School) & Session Type
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Sports Organisation Contact: Please give details of a member of the sports organisation (coach/administrator) that the College can contact if required to gain more information about involvement.

Name: _____ Organisation: _____

Position: _____ Contact Number/Email: _____

What representative teams have you made in the last 12 months? (E.g. Queensland School Sport, National Club)

What is your current involvement in St. Laurence's College Co-Curricular Program? (E.g. Sporting Teams, Music Ensembles, Service learning).

Challenges

What are the major challenges/difficulties that you face in coordinating a balance between your academic achievement and sporting requirements. Please tick from the list below.

<input checked="" type="checkbox"/>	Challenge
<input type="checkbox"/>	Time Management
<input type="checkbox"/>	Academic Rigour of Subjects Studied
<input type="checkbox"/>	Travel Requirements
<input type="checkbox"/>	Physical challenges (E.g. Very Early Training sessions/Tiredness)
<input type="checkbox"/>	Other. Please outline: _____ _____

Parent/Guardian Details

Parent/Guardian 1

Name: _____ Email: _____ Contact No. _____

Parent/Guardian 2

Name: _____ Email: _____ Contact No. _____

Student Signature

Parent/Guardian Signature

Date: _____

*Please return completed form to the St. Laurence's College ep (Sport) Program Coordinator.
Students and parents will be contacted in regards to their application via email.*

Office Use Only

<i>Selection Criteria 1</i>	
<i>Selection Criteria 2</i>	
<i>Selection Criteria 3</i>	

Application Successful / Application Unsuccessful

Excellence Program Coordinator