

CHILD'S DETAILS

Family Name _____

First Names _____

Date of Birth _____

Please Circle:

Current Age _____

Male

Female

Home Language _____

Left-handed

Right-handed

Nationality _____

Present School _____

Present Grade _____

Entry for 2022 2023 2024 2025

PARENT / GUARDIAN CONTACT DETAILS

Name _____

Physical Address _____

PO Box _____

Home Phone _____

Cell Phone _____

Email Address _____

TRIAL DAY

Preferred Date _____

Preferred Year Group _____

ADDITIONAL INFORMATION

Please provide any additional information that you feel may be important for us to know before your child's trial day.

For Office Use:			
Trial Date Offered	<input type="checkbox"/>	Trial Date Completed	<input type="checkbox"/>
Application Approved	<input type="checkbox"/>	Application Declined	<input type="checkbox"/>
Reason	_____		
