

Rugby League School of Excellence Trinity Bay State High School 2025 APPLICATION FORM



STUDENT INF	ORMATION									
NAME:										
MALE / FEMALE	DATE OF BIRTH:	CURRE	CURRENT YEAR LEVEL: 7 / 8 / 9 / 10 / 11 / 12							
		CURRE	CURRENT SCHOOL:							
MAILING ADDRESS	5:	,								
PARENT/GUA	ARDIAN INFORMAT	TON								
FULL NAME:										
PHONE NO:										
EMAIL ADDRESS:										
EXCELLENCE '	YEAR I AM APPLYIN	NG FOR IN 2025	(Please circle)							
Year 7	Year 8	Year 9	Year 10	Year 11	Year 12					
DUCDYLEAC	UE RESUME: (to be co									
Current club tear										
1.	<i></i>									
2.										
3.										
Representative Ex	perience (District, Regio	onal, State, Nationa)							
Write a stateme	nt about why you would	l like to be involved	in the Rugby League	e School of Excellence);					

REFERENCE NOMIN	ATION:	You i	must i	includ	e <u>one</u> re	eference	e person to comment o	n the follo	owing			
Name of Reference Person:							Position:					
Signature of Reference Person:							Contact Phone No:					
Please complete the follo	owing: (1	= Sati	isfacto	ory		5 = Out	standing)					
Present Skill Level:	1	2	3	4	5	Attitude to Training:		1	2	3	4	5
Sportsmanship:	1	2	3	4	5		Personal Organisational Skills:		2	3	4	5
Fitness Level:	1	2	3	4	5	Self	-Discipline:	1	2	3	4	5
Additional Comments:												
Student Signature:												
Parent/Guardian Signatu	re:											

Submission Instructions:

Email: RLSOE@trinitybayshs.eq.edu.au <u>or</u>

Shannon Riles: srile6@eq.edu.au

or

Deliver to: TRINITY BAY STATE HIGH SCHOOL ENROLMENT OFFICER

Attention: Rugby League School of Excellence - Application Form

or

Post to: TRINITY BAY STATE HIGH SCHOOL ENROLMENT OFFICER

Attention: Rugby League School of Excellence - Application Form

PO BOX 5071 CAIRNS QLD 4870.

After physical trials are held, **successful candidates** will receive an acceptance to the program letter. At the beginning of the academy year it is expected that the academy fee be paid immediately to school office.