

# KEILOR DOWNS COLLEGE SOCCER SCHOOL APPLICATION FORM

## APPLICANT INFORMATION

Student Name:

Date of birth:

Home Phone:

Home address:

Current primary school:

Current year level of student:

State:

Postcode:

Sex: Male Female *(Please circle)*

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (1):

Address:

Parent/Guardian Name (2):

Address:

Phone (1):

E-mail (1):

Phone (2):

E-mail (2):

### Email Address

Please note that almost all school communication is done via email therefore we prefer a parent email address to be provided:

## SOCCER EXPERIENCE

Current club (if applicable):

Years playing at club level:

Current playing position:

How did you hear about the KDC Soccer School?

What impact did the soccer school make on your selection of Keilor Downs College as your child's school? (please circle one)

A minor factor

A major factor

The most significant reason for enrolling

## SIGNATURES

I hereby declare that the information provided is correct and may be used exclusively by Keilor Downs College for the collection of data.

Signature of parent/guardian:

Date:

Application forms can be emailed to Josip Loncaric at [loncaric.josip.j@edumail.vic.gov.au](mailto:loncaric.josip.j@edumail.vic.gov.au) or returned in hard copy to the General Office at Keilor Downs College.