



RUGBY ACADEMY PROGRAM

APPLICATION FORM

2025

Student Details

Name: _____
(Given) (Family)

Date of birth: _____

Present School: _____

Are you also applying for inclusion in one of the other scholarship/specialist programs?

YES / NO If yes, which program/s: _____

Achievements

1. Do you currently play for a Rugby Union/League/AFL/Soccer Club?

Yes No

If **YES**, please list the club/s:

How long have you been a member of this Club? _____

2. Please list your sporting achievements:

Please Note:

Students accepted into the Specialist Rugby Program must attend training before school, attend inter-school matches, and adhere to the Academy and Player's Code of Conduct.

Applicants are requested to submit a minimum of two written references with this application.

References can be from two (or more) of the following:

- (1) Primary School Principal
 - (2) Classroom Teacher
 - (3) Club Coach
 - (4) Club Manager
- (See attached)

Parent/Guardian Details (Please Print)

Parent/Guardian 1:

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____

Residential address: _____ Postcode: _____

Postal address: (if different from residential)

_____ Postcode: _____

Contact: Home: _____ Work: _____

Mobile: _____ Email: _____

Parent/Guardian 2:

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____

Residential address: _____ Postcode: _____

Postal address: (if different from residential)

_____ Postcode: _____

Contact: Home: _____ Work: _____

Mobile: _____ Email: _____

Parent/Guardian Permission

I / We give my/our permission for Thornlie Senior High School to obtain information pertaining to academic achievement, behaviour, attendance and wellbeing from my child's present school.

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

All applications must be completed and returned to Thornlie Senior High School by 12th July 2024.



THORN LIE SENIOR HIGH SCHOOL

SPECIALIST RUGBY PROGRAM

SCHOOL REFERENCE FORM (Confidential)

This form should be given to the student's class teacher to complete.

Please send the completed form directly to Thornlie Senior High School so it is received by Friday 12th July 2024.

Email: thornlie.shs.enrolments@education.wa.edu.au

Post: Enrolment Officer
Thornlie Senior High School
PO Box 27
THORN LIE WA 6988

CONFIDENTIAL SCHOOL REFERENCE

Student Details

Name: _____

Address: _____

Current Year of School: _____

Referee Details

Name: _____

Position: _____

School: _____

Thank you for completing this reference. It would be appreciated if you could comment on the suitability of the applicant for a position in our Specialist Rugby Program using the headings listed on the following page.

SPECIALIST RUGBY PROGRAM

Please tick a category between 1 = Below Average to 4 = Outstanding

ITEMS	1	2	3	4
1. Enjoyment of School Enjoys academic and sporting pursuits; likes school				
2. Attitude to Work Persistence. Ability and desire to follow through on task set An ability to see a problem through to completion				
3. Social Maturity Able and willing to work with others, can "give and take", Is sensitive to the needs and feelings of others, shows consideration, observes rules of social conduct.				
4. Sense of Humour Ability to laugh at themselves (if necessary); gets enjoyment and pleasure from lighter moments in school day; laughs easily and comfortably.				
5. Enthusiasm Appears enthusiastic about life, enters into most activities with eagerness and whole-hearted participation.				
6. Leadership Demonstrates leadership skills.				
7. Reliability Will accept responsibilities.				
8. General Sporting Ability				

Other Comments

Please circle your level of endorsement for the applicant's inclusion in the Program.

Highly
Recommended

Recommended

Not
Recommended

Signature of Referee: _____ **Date :** _____

Name of Referee: _____ **Date :** _____