



Bossley Park High School

2025

Talented Football Program Application Form

FAMILY NAME

FIRST NAME



STUDENT DETAILS

Family Name

First Name

Address

Gender Male Female

Date of birth

School currently attending

Current school grade

FAMILY CONTACT DETAILS

Parent/carer 1

Family Name

First Name

Address

Relationship to Student

Telephone

Home

Mobile

Email

Parent/carer 2

Family Name

First Name

Address

Relationship to Student

Telephone

Home

Mobile

Email

SUPPORTING DOCUMENTATION

Please include in your child's application, copies of the following documents which are to be submitted in the printed A4 folder supplied with this application.

- An application to enrol in a NSW Government school
- Your child's Year 5 NAPLAN test results
- Your child's TWO most recent reports
- Certificates of achievement or participation

Name of Football Club student is currently playing for

Division

SPECIAL NEEDS

Is your child a young person with: Indicate Y/N

- | | |
|--|---|
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> behaviour disorders |
| <input type="checkbox"/> autism | <input type="checkbox"/> an intellectual disability |
| <input type="checkbox"/> a hearing impairment | <input type="checkbox"/> mental health issues |
| <input type="checkbox"/> a language disorder | <input type="checkbox"/> a vision impairment |
| <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> learning difficulties
eg dyslexia |

Other (please specify)

SPECIAL CIRCUMSTANCES

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (eg living apart from parental supervision, subject of a court order (*please provide a copy*), out of home care arranged by the state.

Yes No

If **Yes**, please provide a brief description of the circumstances.

STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

The NSW Department of Education (DoE) has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide Bossley Park High School with information that will help facilitate the smooth transition of your child into the specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

Yes No

If **Yes**, please provide a brief description of the circumstances.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have a history of violence?

Yes No

If **Yes**, please provide a brief description of the circumstances.

Has your child ever been suspended or expelled from any previous school?

Yes No

If Yes, was this for:

Actual Violence to any person?

Yes No

Possession of a weapon or any item used to cause harm or injury?

Yes No

Threats of violence or intimidation of staff, students, or others?

Illegal drugs?

Yes No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?

Yes No

If **Yes**, please provide a brief description of the circumstances.

Has your child been placed on a behaviour monitoring card?

Yes No

If **Yes**, please provide a brief description of the circumstances.

Has your child ever received a "Formal Caution of Suspension"?

Yes No

If **Yes**, please provide a brief description of the circumstances.

STUDENT SELF NOMINATION INFORMATION

To be completed by the student for whom this application is being made.

If you were given the chance to meet anyone in the past or present, who would you most like to meet and why?

What is your preferred playing position?

--

Give examples of your favourite players.

How many hours per week do you spend training?

--

What is your favourite subject/s?

--

Signature of student

What interests you about these subject/s?

When you are not at school, what other interests or hobbies do you have?

If you can't be a football player, what would you aspire to do when you leave school?

--

Date

PARENT/CAREGIVER DECLARATION AND CONSENT

I declare that the information in this application is, to my knowledge and belief, accurate and complete.

I recognise that should statements in this application later prove to be misleading any decision made as a result of this application may be reversed.

I also acknowledge that my/our acceptance is in accordance with the Department's Enrolment of Students in NSW Government School policy that the school will not offer a placement for any other siblings who reside out of the school's intake area.

I/We the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for Bossley Park High School staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness.

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.

While the inherent risk of football is low, if your child sustains a concussion, or experiences any concussion symptoms, you are required to report this to your child's current school and Bossley Park High School. Your child will only be permitted to participate in subsequent trials if a medical clearance is provided.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in the football (soccer) program and will adhere to the above concussion clause.

Signature of parent/carer 1

Print name

Date

Signature of parent/carer 2 (If applicable)

Print name

Date