



Bossley Park High School

2022

Talented Football Program Application Form



FAMILY NAME:

GIVEN NAME:

STUDENT DETAILS

Family Name

Given Name

Address

Gender ☐ Male ☐ Female

Date of birth

School currently attending

Current school grade

FAMILY CONTACT DETAILS

Parent/carer 1

Family Name

Given Name

Address

Relationship to Student

Telephone

Home

Mobile

Email

Parent/carer 2

Family Name

Given Name

Address

Relationship to Student

Telephone

Home

Mobile

Email

SUPPORTING DOCUMENTATION

Ensure that you provide EVIDENCE of your child's skill in the program.

Along with this application, please provide us with copies of the following documents submitted in the printed A4 folder supplied with this application form.

- ☐ 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

PARENT/CARER DECLARATION

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. I/We will be responsible for any and also costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge Bossley Park High School and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the football (soccer) trials and subsequent programs, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these football (soccer) trials and program.

Signature of parent/carer 1

Print name

Date

Signature of parent/carer 2 (if applicable)

Print name

Date

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.

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?

What interests you about these subject/s?

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

What do you aspire to do when you leave school?

Signature of student

Date

PARENT/CAREGIVER DECLARATION

In dealing with this application, it may be necessary for the school, or another part of the Department of Education, to look at documents held by previous school, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the Privacy and Personal Information Protection Act 1998 and Health Records Information Privacy Act 2022. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

Acknowledgement

I acknowledge that the Department of Education may seek and gain access to relevant information about this student related to one or more of the questions in this application that is held by the previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

Declaration of accuracy

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.

Signature of parent/carer 1

Print name

Date

Signature of parent/care 2 (If applicable)

Print name

Date