Lynwood
SENIOR HIGH SCHOOL

SOCCER ACADEMY EST 2004

APPROVED SPECIALIST PROGRAM SOCCER ACADEMY APPLICATION FORM

APPLICATIONS CLOSE FRIDAY 24 April 2026

APPLICANT'S PERSONAL INFORMATION

Surname: _____ **Given Names:** _____

Date of Birth: _____/_____/_____ **Gender (please tick)** ☐ M ☐ F ☐ Other

Year applying for program: _____ **Year Level (please tick)** ☐ 7 ☐ 8 ☐ 9 ☐ 10

CURRENT SCHOOL ATTENDING INFORMATION

Current School:_____ **Phone Number:** _____

PARENT/ CARER INFORMATION

Surname:_____ **Give Names:** _____

Relationship to student: _____ **Mobile:**_____ **Work:**_____

Home Address: _____ **Suburb:**_____

Postcode:_____ **Email:** _____

PERMISSIONS

Do you give permission for your child's image to be used in Lynwood Senior High School newsletters, yearbook, promotional materials and/or website? ☐ **Yes** ☐ **No**

Do you give permission for our school to contact your child's school to request their Online Student Information (OSI) Data? ☐ **Yes** ☐ **No**

(This data covers Attendance, Behaviour, NAPLAN, Grades, ABE's and whether your child has accessed school support services)

Please provide your child's most current school report.

436 Metcalfe Road | Parkwood WA 6147 | **T** (08) 9354 0600 | ABN 53 050 898 060
E lynwood.shs@education.wa.edu.au | **www.lynwood.wa.edu.au**

"Learners today, Leaders tomorrow"

STUDENT SOCCER SPORTING HISTORY

Briefly outline your sporting achievements:

_____
_____
_____

SOCCER CLUB/TEAM: _____

HOW LONG HAVE YOU PLAYED SOCCER FOR: _____

WHAT POSITION DO YOU USUALLY PLAY: _____

APPLICANT STATEMENT

Please provide a brief explanation as to why you are interested in the Soccer Academy Specialist Program.

_____
_____
_____

STUDENT DECLARTION

I, the undersigned, declare that the information provided in this application is true and correct. I understand that acceptance into the Soccer Academy is subject to meeting the program's requirements and expectations.

Student Signature: _____ Date: _____/____/_____

PARENT DECLARATION

I, the undersigned, support this application for my child to join the Lynwood Senior High School Soccer Academy. I understand that ongoing participation in the program is contingent upon adherence to the school's academic and behavioural standards.

Parent Signature: _____ Date: _____/____/_____

Please forward your application and school report to:
CLOSING DATE FRIDAY 24 April 2026

LYNWOOD SENIOR HIGH SCHOOL
436 Metcalfe Road
PARKWOOD WA 6147

EMAIL: Lynwood.SHS.Enrolments@education.wa.edu.au

If you have any questions regarding the Soccer Academy, please contact the school on (08) 9354 0600.

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SOCCER ACADEMY STUDENT HEALTH FORM

DOES YOUR CHILD HAVE A MEDICAL CONDITION / DIAGNOSIS ☐ **Yes** ☐ **No**

Please complete form below.

STUDENT DETAILS	
Surname	
Given Name	
Date of Birth	
Gender:	M ☐ F ☐ Other ☐ _____
Name of emergency contact	
Emergency phone number	
Relationship to student	
Please indicate if your child suffers / has suffered from any of the below medical conditions:	
ASTHMA ☐Yes ☐No	
If **Yes**, provide date of last episode and treatment:	
ALLERGIES ☐Yes ☐No	
If Yes, describe specific allergy / allergies, date of last episode/s, common reaction/s and treatment/s:	
OTHER ☐Yes ☐No	
If **Yes,** please provide details (diagnoses requiring adjusted testing conditions will need to be negotiated in advance with either the Deputy Principal or the Soccer Academy coordinator as an alternate testing date will be required):	
Is student bringing medication to the trial? ☐Yes ☐No	
If **Yes,** please indicate medication type and reason. NOTE: children needing EpiPens or medication they are unable to self-administer will need a parent to state onsite for the duration of the testing.	

MEDICATION AUTHORISATION		
Is the event of injury or illness, I hereby authorise Department of Education staff to obtain any medication attention deemed appropriate, and I agree to accept responsibility for any costs incurred. To the best of my knowledge, my child is fit for the test and is not suffering from any illness that may be passed on to or endanger others. I declare that the information provided is true and correct.		
Full Name of parent / carer:		
Signature of parent / carer:		**Date:** ____/___/_____