



Surfing Academy Application Form

Student Profile:

Full Name: _____
First Name *Middle Name* *Family Name*

Street Address: _____

Postal Address: _____

Phone Number: _____ Cellphone _____

Date of Birth: _____ Male / Female

Ethnicity (*please state*) _____

Family Profile:

Full Name Father/Caregiver: _____
First Name *Middle Name* *Family Name*

Ph (hm): _____ Ph (wk) _____ Celph _____

Full Name Mother/Caregiver: _____
First Name *Middle Name* *Family Name*

Ph (hm): _____ Ph (wk) _____ Celph _____

Health Information:

Allergies: _____

Asthma

Inhaler Required

Bee Sting Allergy

Diabetes

Other Information:

Custody Arrangements/Restricted Access: *(If this applies, please print details below).*

Please ensure that the following accompany this application:

Check

Copy of current Mid Year Report:

A letter written by applicant about themselves and why they want to be in the Academy

Name of Academic Referee:

Address:

Phone Number:

Name of Sporting Referee:

Address:

Phone Number:

Parent/Caregiver Name:

Parent Signature