

Please complete details and forward to the school.

Name of Student _____

Male/Female _____ DOB __ / __ / __

Home Address _____

_____ P/C _____

Phone (H) (__) _____

Email (__) _____

Current School _____

Current School level _____

Current tennis status - ie Tennis Australia Ranking

Year level for entry _____

I/We wish for our son/daughter to apply
for the **Special Interest Tennis Program.**

I/We understand that this application will need
to be assessed by the Tennis Coordinator for
successful entry to the program.

Parent/Caregiver _____

Phone (H) (__) _____

Signature _____ Date __ / __ / __

**Please fill out the application
form and post to:**

The Tennis Coordinator
Marryatville High School
170 Kensington Road, Marryatville
South Australia 5068
Phone: +61 8 8304 8420
Fax: +61 8 8332 3228
Email: dl.0817_info@schools.sa.edu.au
Web: www.marryatvillehs.sa.edu.au

Department for Education and Child Development
T/A South Australian Government Schools
CRICOS Provider No: 00018A



An Internationally Accredited School