

**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



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