



BELRIDGE SECONDARY COLLEGE

An Independent Public School

EXPRESSION OF INTEREST FORM SPECIALIST CRICKET PROGRAM

Year applying for:

Year 7 ☐

Year 8 ☐

Year 9 ☐

Year 10 ☐

Year 11 ☐

Year 12 ☐

Start Year applying for 20 ____

APPLICANT DETAILS

Full Name of applicant: _____

Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Parent Email: _____

CURRENT SCHOOL DETAILS

Name of Current School: _____

Current Year Level: _____

Name of School Principal: _____ Name of Class Teacher: _____

Address of Current School: _____

Suburb: _____ Postcode: _____ School Phone: _____

PARENT/GUARDIAN DETAILS

Name of a Parent or Guardian: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

APPLICANT'S INTERESTS AND/OR EXPERIENCE IN THIS AREA:

Parent/Guardian Signature: _____ Date: _____

PLEASE ATTACH A COPY OF APPLICANT'S TWO MOST RECENT SCHOOL REPORTS AND RETURN TO:

Mr Scott Ogilvie
Belridge Secondary College
Gwendoline Drive, Beldon, WA 6027
E: scott.ogilvie@education.wa.edu.au