

| First name: | |
|--------------------------------|--|
| Surname: | |
| Date of birth: | |
| Gender: | |
| | |
| Home address inc. postcode: | |
| | |
| | |
| | |
| Tel: (home/mobile) | |
| Fue all | |
| Email: | |
| | |
| Name and address | |
| of current school | |
| inc. postcode: | |
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| | |
| | |



Section A: to be completed by the applicant's parent

Please provide a sport CV detailing your child's sporting achievements to date, including the level of representation. Please be sure to include:

| All sports played Name of teams/c Representative he Outstanding achie | onours | | |
|--|--------|----|---------|
| Sports played | From | То | Details |
| | | | |
| Name of teams/clubs | From | То | Details |
| | | | |
| Representative honours | From | То | Details |
| | | | |



Other achievements and supporting information



Section B (to be completed by the applicant's PE teacher or coach)

Please provide below, a short report on the child named who wishes to be considered for a Sports Scholarship at Long Close School. It would be helpful if you could comment on the following:

- The child's current ability (level of performance)
- The sports he/she participates in
- Possible potential
- General commitment to sport (including enthusiasm for practices and games)
- Suitability to be assessed for this scholarship
- Any other areas you feel may be relevant

Teacher's name (BLOCK CAPITALS PLEASE):

Signature:

Date:



ACHIEVEMENTS AND SUPPORTING INFORMATION

Section C: to be completed and signed by the applicant's parent

On the Scholarship Assessment Day, your child will participate in a variety of basic fitness tests during the course of the morning. Please complete the details below and return with your application.

Does your child have any medical conditions? YES / NO (delete as appropriate) If YES, please provide details, including medication:

Declaration: I should like my son/daughter to be considered for a sports scholarship and understand that he/she will be assessed in at least two sports and on his/her fitness levels.

I give permission for him/her to be taken off site by school bus, should it be required. I confirm that my child will bring any medication required to the sports scholarship day.

| Parent signature: | |
|-------------------|--|
| | |
| Date: | |

DEADLINE FOR SUBMISSION is Friday 12th January 2024. Please submit your completed application form via email to: joinus@longcloseschool.co.uk. If you have any queries, please call us on: 01753 309588.

Next steps:

We will notify you if your child has been shortlisted to attend the Scholarship Assessment Day. This will take place on Friday 19th January 2024.