



## Year 6 STAR Excellence Experience Day Expression of Interest

To be considered for a STAR Program in 2021, it is imperative that the student participates in the preparation for entry process into the school. This may include an interview.

### Excellence Experience days are as follows

<p><b><u>Loganlea Institute of Sport</u></b>                      General - appropriate workout shoes                      Netball - appropriate court shoes                      Rugby League Development - mouthguard, football boots                      Football (Soccer) - shin pads, football boots</p> <p><b><u>Loganlea Youth Development Program</u></b>                      Surf Lifesaving</p> <p><b><u>Dance Program</u></b>                      Appropriate clothing for movement and dance shoes (if owned)</p>	<p><b>Monday 3<sup>rd</sup> August 2020</b>  <b>8:30am - 2:00pm</b></p>
<p><b><u>Signature Program</u></b>                      (Academic Program)</p>	<p><b>Tuesday 4<sup>th</sup> August 2020</b>  <b>8:30am - 2:00pm</b></p>
<p><b><u>Hospitality Program</u></b></p> <p><b><u>Agribusiness Program</u></b>                      (Agriculture Program)                      Limited spaces available</p>	<p><b>Friday 7<sup>th</sup> August 2020</b>  <b>8:30am - 2:00pm</b></p>



**Venue:** Loganlea SHS – Multipurpose Hall

**Time:** 8:15am - 2:15pm (Collection from Hall)

**Dress:** Primary sport uniform and necessary equipment listed above.

**Lunch:** BYO lunch and water - canteen available on day

**Registration forms to returned to administration or emailed to [bjray0@eq.edu.au](mailto:bjray0@eq.edu.au) as soon as possible and not later than 30<sup>th</sup> July 2020**

# LOGANLEA STATE HIGH SCHOOL



Neridah Street LOGANLEA QLD 4131

Ph: (07) 3451 8777 Fax: (07) 35431 8700

## EXCELLENCE DAY REGISTRATION FORM

Registration forms to returned to administration or emailed to [bjray0@eq.edu.au](mailto:bjray0@eq.edu.au) by the 30<sup>th</sup> July 2020

### STUDENT INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

### PLEASE CIRCLE THE FOLLOWING:

DO YOU CURRENTLY RESIDE IN THE CATCHMENT ARE FOR LOGANLEA SHS? YES NO

DO YOU GIVE PERMISSION TO BE PHOTOGRAPHED AND FILMED? YES NO

HAVE YOU ATTACHED COPIES OF MOST RECENT ACADEMIC REPORT CARD? YES NO

HAVE YOU ATTACHED COMPLETED STUDENT MEDICAL INFORMATION FORM? YES NO

### Please indicate which STAR program scholarship(s) you are applying for:

*Note: Students may apply for one or more of the following programs providing numbers and timetable alignment. When determining STAR Programs, we will consider preference order if a clash occurs between programs. If you are applying for multiple programs, please number relevant boxes in order of preference.*

**Agribusiness**  
(Agriculture)

**Loganlea Institute of Sport**  
General

**Loganlea Institute of Sport**  
Rugby League

**Signature**  
(Academic/STEM)

**Loganlea Institute of Sport**  
"UPPER 90" Football

**Loganlea Youth Development**  
**Program (LYDP)**

**Hospitality**

**Loganlea Institute of Sport**  
Netball

**Dance**

### PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RESPECT INTEGRITY RESILIENCE**



## Excellence Experience

All STAR Excellence Program students are required to meet and maintain a high standard of performance in all areas of their schooling. Please indicate the experience/passion that you may have for the nominated STAR Program. If nominating for a sport excellence program, please also indicate your preferred playing position and achievements.

<i>EXPERIENCE</i>	
Current club/organisation:	
Primary playing position:	
Secondary playing position:	
<i>STUDENT ACHIEVEMENTS:</i>	
Experience/ Achievements:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
What are your future goals (sporting, school academic, university, professional career)?	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

# LOGANLEA STATE HIGH SCHOOL



Neridah Street LOGANLEA QLD 4131

Ph: (07) 3451 8777 Fax: (07) 35431 8700

## STUDENT MEDICAL INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

In case of emergency

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

If parent unavailable, emergency contact name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

## MEDICAL INFORMATION

STUDENT'S NAME:..... DATE OF BIRTH:.....

Medical Condition	Selection	Please provide details
Heart Problems	YES/NO	
Respiratory Problems	YES/NO	
Allergies	YES/NO	
Travel Sickness	YES/NO	
Blood Pressure	YES/NO	
Operations	YES/NO	
Epilepsy	YES/NO	
Recent illness	YES/NO	
Injections and when (eg. Tetanus)	YES/NO	
Drugs Required	YES/NO	YES – SEE BELOW
Drug Reactions (eg. Penicillin, Allergy)	YES/NO	
Phobias	YES/NO	
Other	YES/NO	
Ambulance Insurance?	YES/NO	
Medicare Card Number:		
NAME OF MEDICATION	QUANTITY OF MEDICATION	TIMES FOR MEDICATION

Registration forms to returned to administration or emailed to [bjray0@eq.edu.au](mailto:bjray0@eq.edu.au) by the 30<sup>th</sup> July 2020

**RESPECT INTEGRITY RESILIENCE**