



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><u>Loganlea Institute of Sport</u> General - appropriate workout shoes Netball - appropriate court shoes Rugby League Development - mouthguard, football boots Football (Soccer) - shin pads, football boots</p> <p><u>Loganlea Youth Development Program</u> Surf Lifesaving</p> <p><u>Dance Program</u> Appropriate clothing for movement and dance shoes (if owned)</p>	<p>Monday 3rd August 2020 8:30am - 2:00pm</p>
<p><u>Signature Program</u> (Academic Program)</p>	<p>Tuesday 4th August 2020 8:30am - 2:00pm</p>
<p><u>Hospitality Program</u></p> <p><u>Agribusiness Program</u> (Agriculture Program) Limited spaces available</p>	<p>Friday 7th August 2020 8:30am - 2:00pm</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 as soon as possible and not later than 30th 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 by the 30th 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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Agribusiness
(Agriculture) | <input type="checkbox"/> Loganlea Institute of Sport
<i>General</i> | <input type="checkbox"/> Loganlea Institute of Sport
Rugby League |
| <input type="checkbox"/> Signature
(Academic/STEM) | <input type="checkbox"/> Loganlea Institute of Sport
"UPPER 90" Football | <input type="checkbox"/> Loganlea Youth Development
Program (LYDP) |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Loganlea Institute of Sport
<i>Netball</i> | <input type="checkbox"/> Dance |

PARENT/GUARDIAN INFORMATION

NAME: _____

RELATIONSHIP TO STUDENT: _____ PH: _____

ADDRESS: _____

EMAIL: _____

RESPECT INTEGRITY RESILIENCE

SIGNATURE: _____

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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:	
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What are your future goals (sporting, school academic, university, professional career)?	
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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

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