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**Elite Performance Program (Year 7 – 10 Students)**

Student Name  Year Group

Previous concessions by College as an elite performer? Y/N  Year

Type of concession previously granted

Performance activity / Organisation

Weekly hours

**To complete your application, the following must be attached/provided:**

Coach/instructor name

Coach/instructor phone number

Coach/instructor email address

**Attachments**

**Attached: Yes / No**

**A written statement from the student explaining:**

- The reason for the level of the request (including Subject, if Level 2), explaining why you would benefit from this program
- Their commitment to the community life of St Clare's College
- What it means to them to be an independent learner

***Disclaimer: I give consent for my coach/instructor to be contacted by St Clare's College to attain further information to support my application. I have advised my coach/instructor that this will occur.***

Student Signature:



For the student requesting consideration:

I,  understand that to be considered for inclusion in the Elite Performance Program I need to meet the expectations of all students at St Clare's College and conduct myself in a cooperative manner at all times.

Student's signature:

**For Parents/Guardians/Carers:**

Please explain how you think this program would benefit your child athlete/performer?

I / we have read the Elite Performance Program Policy and support my / our daughter's application to be considered for the Elite Performance Program.

Parent/Guardian 1:

Phone  
contact:

Signature:

Email:

**Office Use Only: Approved/Unapproved Application**

Student Name

Approved/Unapproved

If approved: Level of  
support approved

Level 1

Level 2

If unapproved,  
explanation provided:

Teaching and Learning  
Coordinator signature:

Date

*\*Updated Nov 2024*