



# Superior Volleyball Academy Application

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## Dear Parents/Guardians and Students,

Lakehead Public Schools is pleased to offer the LPS Superior Volleyball Academy at Superior Collegiate and Vocational Institute (SCVI) for student athletes in Grades 9 and 10 who are committed to developing their volleyball skills while achieving academic success.

The Volleyball Academy is a co educational, skills based program that integrates volleyball training directly into the school day. Students enrolled in the academy will earn two high school credits through physical education while participating in a structured program designed to support both athletic and academic growth. In addition to volleyball skill development, the academy emphasizes teamwork, leadership, discipline, and personal development—qualities that support success both in school and beyond.

## Who Should Consider Applying

This academy is intended for students who have recent experience playing volleyball on an organized team, whether through school, club, or community programs. Applicants should be motivated to train consistently, demonstrate responsibility and commitment, and value academic achievement alongside athletic development. Students who are willing to invest time and effort into improving their volleyball skills, overall fitness, and understanding of the game will benefit most from this program.

## Program Structure

The LPS Superior Volleyball Academy serves students in Grades 9 and 10 and provides two Physical Education credits. Programming includes volleyball skill development and game play, strength and conditioning, and classroom based learning connected to fitness, health, nutrition, and athletic development. Instruction and training will take place in SCVI's gymnasium, weight room, and classroom spaces. Academy courses are scheduled within the regular school day and the program is designed to ensure students remain on track to meet all Ontario Secondary School Diploma (OSSD) graduation requirements.

## Enrolment and Selection

Enrolment in the Volleyball Academy is limited to approximately 30 students. Submission of an application indicates interest and commitment but does not guarantee acceptance. Final placement decisions are made by the Student Services team, taking into consideration a student's readiness and commitment, the suitability of the program for the individual learner, and the ability to create a timetable that works within the student's overall academic program. Families are encouraged to carefully consider both the academic and time commitments required when deciding to apply.

**You belong here**

**Committed to the success of every student**

## Fees

At this time, there is no confirmed program fee for the LPS Superior Volleyball Academy. Should any costs arise related to equipment, training supports, or program enhancements, families will be informed in advance.

If, after reviewing this information, you feel that the LPS Superior Volleyball Academy is a good fit for your child, we invite you to complete the attached application for consideration.

# APPLICATION FOR LPS SUPERIOR VOLLEYBALL ACADEMY

## Superior Collegiate and Vocational Institute

**Important:** Submission of this application indicates interest and commitment but **does not guarantee placement**. Acceptance is subject to Student Services approval and the ability to create a workable timetable for the student.

## Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Prefer not to answer

Current School: \_\_\_\_\_

Current Grade:

☐ Grade 8 ☐ Grade 9

Grade Applying For:

☐ Grade 9 ☐ Grade 10

## Home Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

## Academic Achievement

*\* This is required for all grade 8s and any applicant from outside the board*

☐ Most Recent Report Card attached

# Parent/Guardian Information

## Parent/Guardian 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Parent/Guardian 2 (if applicable)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Volleyball Experience

Please indicate your years of experience and the level of play you have participated in:

### Years of Experience:

- ☐ 1 year
- ☐ 2-3 years
- ☐ 3-5 years
- ☐ 5+ years

### Level of Play:

- ☐ School team
- ☐ Club volleyball
- ☐ Community / recreational league
- ☐ Competitive / rep volleyball
- ☐ Other: \_\_\_\_\_

### What position do you currently play?

Select all that apply.

- ☐ Setter
- ☐ Outside
- ☐ Middle
- ☐ Opposite
- ☐ Libero

List any volleyball teams, clubs, camps, clinics, or academies you have participated in:

List any volleyball related achievements or leadership roles:

# References

Please provide at least 1 reference who can speak to your volleyball experience, commitment, and character.

## Reference 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Reference 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Student Reflection

Why are you interested in the LPS Superior Volleyball Academy and what qualities do you bring as a teammate and learner?

## Acknowledgement of Program Conditions

- ☐ I understand that submitting this application **does not guarantee acceptance** into the Volleyball Academy.
- ☐ I understand that final placement depends on **Student Services approval and timetable feasibility**.
- ☐ I understand that participation requires commitment to both academic and athletic expectations.

## Parental Consent & Signature

By submitting this application, you, the parent/guardian, are giving your consent for the student's participation in the LPS Superior Volleyball Academy.

***I consent to my child being considered for the LPS Superior Volleyball Academy and understand that participation involves physical activity.***

You acknowledge that spots in this program are limited, and completing an application does not guarantee acceptance for all students.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Student Signature

I, the student, understand the commitment required to be part of the LPS Superior Volleyball Academy and am excited to pursue the opportunity for both athletic development and academic growth. I also agree to demonstrate sportsmanlike behaviour on and off the court, showing respect, responsibility, and integrity in all my actions and interactions with others.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Submission Instructions:

Please submit your completed application package to: [superior\\_office@lakeheadschoools.ca](mailto:superior_office@lakeheadschoools.ca) or to the main office of your current LPS school.

The deadline for submission is **February 27, 2026**.

If you have any questions, contact us at [superior\\_office@lakeheadschoools.ca](mailto:superior_office@lakeheadschoools.ca) or call 807-768-7284.

We look forward to reviewing your application and are excited to see the growth and success you will bring to the LPS Superior Volleyball Academy!