

ARABESQUE

SCHOOL OF PERFORMING ARTS

APPLICATION FORM: FULL TIME STAGE SCHOOL

Full Name			
Male/Female			
Date of Birth			
Address			
Postcode			
Telephone			
Mobile			
Email address			
Please indicate if you would prefer not to receive information regarding future auditions, should your child not be successful on this occasion.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you auditioned for ASPA before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please give date			
It is essential that you list below any health conditions e.g., Asthma, Diabetes, ADHD etc, any medication taken and any long-term injuries, which may affect your child's performance at school.			
Previous Schools attended. Please list current school first:			
From	To	Name and Address of School attended	State/ Private

Vocational Examinations: Please list all dance, drama and music exams. Please continue on an additional sheet, if necessary.

Subject	Grade/standard reached	<i>Examination Board</i> (RAD, ISTD, IDTA, LAMDA, Associated Board or LCM etc)

Experience: Please give details of your child's experience in the following fields:

Dance	
Drama	
Singing/Musical Instruments	

Please return this form to:

ARABESQUE SCHOOL OF PERFORMING ARTS

QUARRY LANE, CHICHESTER, WEST SUSSEX PO19 8NY