



*Arabesque School of Performing Arts*

Quarry Lane, Chichester,

West Sussex. PO19 8NY

**Tel:** 01243 531144

[www.aspauk.com](http://www.aspauk.com)

## Full Time School – Application Form

Please fill in clearly. You can also download this form as a word “.doc” file and complete it using a computer.

Your Full Name			
Male/Female		Date of Birth	
Your 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.	Yes		No
Child's School Year			

Have you auditioned for ASPA before?		Yes		No	
If yes, please give date.					
<p><b>Medical History</b></p> <p>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. Please note that we have an equal opportunities admission policy.</p>					
<p><b>Previous Schools attended.</b> Please list current school first:</p>					
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 tell us, in your own words, why you would like to come to Arabesque School of Performing Arts.

Signed		Date	

**Please return this form to the address above or email it to [info@aspauk.com](mailto:info@aspauk.com). If you have not heard from us after sending an email by 7 days please contact us by telephone 01243 531144 to check your application has been received.**

**For Office Use Only**

Auditioned By		Approved	Yes		No	
Audition Date		Recall?	Yes		No	

**Comments**