



APPLICATION FORM

Please attach a passport size photograph.

Applications cannot be accepted without photograph.

Please complete the form using BLOCK CAPITALS

SURNAME	
---------	--

FIRST NAME(S)	
---------------	--

ADDRESS	
---------	--

POSTCODE		D.O.B.		School Year Group	
----------	--	--------	--	-------------------	--

HEIGHT		ft		inches	CONTACT NAME OF PARENT/GUARDIAN	
--------	--	----	--	--------	---------------------------------	--

HOME TEL. NO.		WORK TEL. NO.	
---------------	--	---------------	--

MOBILE TEL. NO.	
-----------------	--

NAME AND ADDRESS OF SCHOOL ATTENDED (GENERAL EDUCATION)	
---	--

POSTCODE	
----------	--

NAME AND ADDRESS OF DANCE/THEATRE SCHOOL PREVIOUSLY ATTENDED (if applicable)	
--	--

REASON FOR LEAVING (if applicable)	
------------------------------------	--

EXAMS PASSED OR PLANNED (if applicable) (PLEASE STATE RAD, ISTD ETC. If none held please state length of time subject has been studied) Continue on separate sheet if necessary.

SUBJECT	EXAMINING BOARD	GRADE OF LAST EXAM PASSED	DATE	RESULT
DRAMA				
BALLET				
TAP				
MODERN				
SINGING				

PLEASE GIVE DETAILS OF ANY PROFESSIONAL ENGAGEMENTS

DATE	DETAILS
e.g. 11/08 – 01/09	Billy Elliot – Ballet Girl

PLEASE GIVE DETAILS OF ANY SERIOUS INJURIES, ILLNESS OR DISABILITIES (INCLUDING DYSLEXIA) E.g. Asthma, Diabetes, Allergies, etc.

DATE	INJURY, ETC.

HOBBIES/INTERESTS/SPECIAL SKILLS E.g. playing musical instrument, horse riding, etc.
--

DAY OF PREFERENCE TO ATTEND WEEKLY CLASSES (you must give a 1 st & 2 nd choice)	1 st Choice: Saturday / Sunday
	2 nd Choice: Saturday / Sunday

WHERE DID YOU HEAR ABOUT CPA SCHOOL? (Please tick)			
YELLOW PAGES	LOCAL NEWSPAPER	WEBSITE	OTHER
RECOMMENDATION BY AN EXISTING STUDENT (PLEASE GIVE FULL NAME IF KNOWN)			

THE HEAD OF SCHOOL FACULTY’S DECISION IS FINAL WITH REGARD TO ENTRY TO THE SCHOOL AND WE REGRET THAT NO CORRESPONDENCE CAN BE ENTERED INTO FOR UNSUCCESSFUL APPLICANTS.

COLIN’S PERFORMING ARTS LTD OPERATES AN EQUAL OPPORTUNITIES POLICY.

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION ON THIS FORM IS CORRECT.

SIGNATURE OF PARENT/GUARDIAN	PRINT NAME	
	DATE	

ADDITIONAL COMMENTS:

FOR OFFICE USE ONLY	
Date Application Received:	Initial:
Start Date of Pre-Trial Period	Initial:
Pre-Trial Period End Date	Initial: