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| **Kingsthorpe College Visual and Performing Arts Aptitude Application** |
| Name of Student |  |
| Date of Birth |  | Gender |  |
| Home Address:Postcode: |
| Contact Telephone Numbers:Home:Mobile: | Email address: |
| Please indicate which workshop you would like your child to attend:**Please note:** Children may only attend one workshop each, we would recommend you choose the workshop that you feel your child will best be able to demonstrate their aptitude in. |
| Music | Dance | Drama | Art |
| I have read and understood the attached information and wish to apply for a place at Kingsthorpe College under the Visual and Performing Arts Criteria.Parent/Carer(s) Signature: Date: |