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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: | | | | | | | |