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**Arts Aptitude Application Form**

**Year 7 September 2021**

**Please complete this form in BLACK INK using BLOCK CAPITALS and return to: Admissions Office, Shireland Collegiate Academy, Waterloo Road, Smethwick B66 4ND by Friday 5 October 2020. You may alternatively e-mail the form to: sheila.riley@collegiateacademy.org.uk**

**Please put 1 in the box next to your first choice and 2 in the box next to your second choice**

|  |  |
| --- | --- |
| **ART** |  |
| **DANCE** |  |
| **DRAMA** |  |
| **MUSIC** |  |

**PERSONAL DETAILS OF CHILD**

**Surname: ………………………………………………………………… As registered with the Local Authority**

**First Name: ………………………………………………….............**

**Male or Female: ……………………………………………………..**

**Date of Birth: ...…………………………………………………..**

**Primary School: ……………………………………………………..**

**PARENT(S)/CARER (S) INFORMATION**

**Title Mr & Mrs/Mr/Mrs/Miss/Ms (**delete as applicable**)**

**Surname: ………………………………….................................**

**Home Address: ………………………………………………………… If this is not the address where**

**the child normally resides then**

**…………………………………………………………………………………** **please give further details on a**

**separate sheet**

**…………………………………………………………………………………**

**Postcode: …………........................................................**

**Contact Telephone No: ...............................................**

**Signed: …………………………………………………………………. Date: …………………………….**

**Print Name: …………………………………………………………… Parent/Guardian**