



Steppin' Out
Academy of Performance

PRINCIPAL
Angela Harris LISTD

Application form for Scholarship 2010

In applying to Steppin' Out Academy you understand that a place will only be offered if the following conditions are fulfilled:

Your child is able to commit to all classes included in the scholarship. For this scholarship it is a requirement to take Ballet.

You are reminded that before you send this form to Steppin' Out Academy you must ensure you include:

A passport photograph

Applicant's Details

Name (as on birth certificate)
Home Address
.....
.....
Postcode
Date of Birth.....
Current School Year
Height

Parents/Guardians Details (Mother)

Name
Home Address (if different from applicant's)
.....
Postcode
Home Telephone Number.....
Mobile Telephone Number
Work Telephone Number.....
Email Address

Parent's/Guardian's Details (Father)

Name
Home Address (if different from applicant's)
.....
Postcode
Home Telephone Number.....
Mobile Telephone Number
Work Telephone Number.....
Email Address

Correspondence

To whom should correspondence be sent? (please tick):	FATHER <input type="checkbox"/>
	MOTHER <input type="checkbox"/>
	GUARDIAN <input type="checkbox"/>



Please give details of any dance, drama or theatre schools attended or currently attending..

Date From (dd/mm/yy)	Date To (dd/mm/yy)	Name and Address of school

Commencement Information

Do you currently attend Steppin' Out Academy
YES NO

If successful, when would you like your child to commence (please tick):
AUTUMN TERM SPRING TERM SUMMER TERM

Please list the most recent vocational examinations passed or levels attained:
Please note: You are not required to send in certificates.

Subject	Examination Board (RAD/ISTD/LAMDA etc)	Grade/Standard Attained

Professional/Performing Experience

Please provide details of any professional experience.



Medical Information

This information is required for all students.

Does your child have a medical condition (please tick):

YES

NO

If yes, it is ESSENTIAL that you list below any condition, i.e. Asthma, Diabetes and any medication taken, long term injuries, knees/back etc. or any other matters that may affect your child's performance at the Academy.

Parents MUST inform the Academy of any current or previous medical condition PRIOR to accepting a place. If you require further room, please use a continuation sheet.

.....
.....

Does your child take regular medication (please tick):

YES

NO

If yes, please list below all medication taken. If you require further room, please use a continuation sheet.

.....
.....

TO BE COMPLETED BY THE APPLICANT

Please state why you think you would benefit from the scholarship and why you would like to be given the opportunity to attend Steppin' Out

DECLARATION

I understand that no correspondence can be entered into regarding the award of scholarships and the adjudicator's decision is final.

SIGNED (Parent/Guardian):..... DATE.....

SIGNED (Applicant):..... DATE.....