

**APPLICATION for
BROUGHTON HIGH SCHOOL
THE CITY of EDINBURGH DANCE SCHOOL
2019/2020**

Attach
photograph
of pupil to
help the
audition
process

Please see details below about when auditions will take place and the deadline for application forms.

Please tick which audition your child will be attending:

<p>S1 CITY of EDINBURGH DANCE SCHOOL (2019-2020) Audition Date: Friday 30th of November 2018</p> <p>DEADLINE FOR APPLICATION FORMS: Friday 26th October 2018</p> <p>(If successful at the first audition your child will be invited to the final audition on Friday 1st of February 2019)</p>	<input type="checkbox"/> which audition your child will be attending
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<p>TALENTED YOUNG PERFORMERS</p> <p><u>Auditioning for Primary 7 (2019-2020)</u></p> <p>Audition Date: Friday 29th March</p> <p>DEADLINE FOR APPLICATION FORMS: Friday 1st March 2019</p>	<input type="checkbox"/>
<p><u>Auditioning for Primary 6 (2019-2020)</u></p> <p>Audition Date: Friday 17th May 2-4pm</p> <p>DEADLINE FOR APPLICATION FORMS: Friday 26th April 2019</p>	<input type="checkbox"/>

All auditions will be in the dance studios at Broughton High School and students will be met at reception by a member of staff & dance school students who will guide them along to the studios.

Please complete and return forms with a photograph to **Pamela Day, The City of Edinburgh Dance School, Broughton High School, Edinburgh, EH4 1EG**. Please use BLOCK CAPITALS throughout.

N.B No correspondences can be entered into if the results of the audition are unfavourable.

PERSONAL INFORMATION

APPLICANT'S NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">SURNAME</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">FIRST NAME</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	SURNAME		FIRST NAME			
SURNAME							
FIRST NAME							
DATE OF BIRTH	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">DAY</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">MONTH</td> <td style="width: 20%; border: 1px solid black; padding: 2px;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					
	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">SEX</td> <td style="width: 20px; border: 1px solid black; text-align: center;">M</td> <td style="width: 20px; border: 1px solid black; text-align: center;">F</td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table> <i>Please tick</i>	SEX	M	F			
SEX	M	F					
NAME OF PARENT/ LEGAL GUARDIAN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">TITLE</td> <td style="width: 45%; border: 1px solid black; padding: 2px;">FIRST NAME</td> <td style="width: 30%; border: 1px solid black; padding: 2px;">SURNAME</td> </tr> </table>	TITLE	FIRST NAME	SURNAME			
TITLE	FIRST NAME	SURNAME					
ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> <td style="width: 30%; border: 1px solid black; padding: 2px;">POSTCODE</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">HOME TEL NO.</td> <td style="border: 1px solid black; padding: 2px;">MOBILE NO.</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">E-MAIL (clearly print email address)</td> </tr> </table>		POSTCODE	HOME TEL NO.	MOBILE NO.	E-MAIL (clearly print email address)	
	POSTCODE						
HOME TEL NO.	MOBILE NO.						
E-MAIL (clearly print email address)							

DANCE EXPERIENCE

Does the applicant currently attend dance classes?

YES		NO	
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If NO please move onto the next section on the reverse of the form.

What is the name of their current dance school and teacher? _____

What dance classes do they currently attend? _____

HIGHEST DANCE QUALIFICATIONS

<i>DATE</i>	<i>STYLE of DANCE</i>	<i>LEVEL (e.g. Grade 2 RAD)</i>	<i>RESULT (e.g. Distinction, Merit, Pass)</i>

PRIMARY SCHOOL

Name of Primary School	
Name of Class Teacher	
Head Teacher	
Contact Email Address for Head Teacher	

MEDICAL HISTORY

Have you been under the care of a doctor or physiotherapist in the last 6 months? YES NO

If yes please give details	
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Do you take any kind of medication? YES NO

If yes please give details	
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Applicants should write a short paragraph on their dance experience & why they wish to be part of the Dance School

If students are successful at the first audition for entry into S1, their primary school will be contacted and asked for a school report to be completed. The report will then be emailed/sent directly to us and following the second audition the Head Teacher at Broughton High School will read the reports for all students before a place on the programme will be offered to any students.

Please see additional information on the school website about what to wear and expect at the audition. This application form should be sent to Pamela Day, Broughton High School, East Fettes Avenue. EH4 1EG before the deadline stated above or emailed to Pamela.Day@broughton.edin.sch.uk . This will secure a place at the appropriate audition.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____