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Application to Audition

for full-time study at The Corelli School of the Arts

Child's Surname: _____

Child's First Names: _____

Name prefers to be known by: _____

Date of Application: ____/____/____

Date of Birth: ____/____/____ (dd/mm/yyyy) Sex: M / F

Citizenship: (i.e. *what is on your child's passport, birth certificate, etc.*) _____

Passport / Birth Certificate #: _____

Ethnicity: (*the cultural group your child identifies with e.g. NZ European/Pakeha*) _____

First Language: _____ Second Language: _____

Mother's Name: _____

Address: _____

Postal Address: (*if different from above*) _____

Home Phone Number: _____

Mobile Phone Number: _____

Occupation: _____

Work Address: _____

Email Address: _____

Emergency Contact: _____

continued over page

Father's Name: _____

Address: _____

Postal Address: (if different from above) _____

Home Phone Number: _____

Mobile Phone Number: _____

Occupation: _____

Work Address: _____

Email Address: _____

Emergency Contact: _____

School attending at present: _____

Other Schools Applied to 1) _____ 2) _____

Present Year Group at time of audition: (circle one) Year 1 2 3 4 5 6 7 8 9 10 11 12

Are you willing to help out at school events and fundraising? Yes / No

NB: A school uniform and adherence to the school rules is compulsory.

An application fee of \$75.00 is payable with this document.

If a place is offered, an enrolment fee of \$650.00 (non refundable), is required to hold a place for your child, (up to 6 months). The school bond is required before a student commences tuition.

Please sign below.

Mother/Guardian: _____ Father/Guardian: _____

Please post to; Admissions Officer, The Corelli School, Private Bag 93 603, Browns Bay, North Shore City 0753 Auckland, New Zealand. For more information www.corelli.school.nz

The Corelli School...Where Arts Come Alive!

office use only:

application- date paid:

receipt #:

LOA and enrolment pack- date sent:

enrolment fee date paid:

receipt #

bond held \$

date paid:

receipt #