



Academy of Creative Arts Application Form

Applicant Information

Full Name: _____ Date of Birth: _____

Address: _____

Postcode: _____ Phone: _____ Email: _____

Guardian Information

Full Name: _____ Signature: _____

Address: _____

Postcode: _____ Phone: _____ Email: _____

Education Information

Current School: _____ Year Level: _____

Semester 2- Year 5 _____

Semester 1- Year 6 _____

Semester 2- Year 5		Semester 1- Year 6	
Subject	Results	Subject	Results

Please supply information about your previous experiences in The Arts.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____