***Text

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***DYNAMIX Performing Arts College***

***Application Form***

**Applicant Information**

|  |  |
| --- | --- |
| *Forename* |  |
| *Surname* |  |
| *Date of Birth* |  |
| *Gender* |  |
| *Identity (if not same as Gender)* |  |
| *Nationality* |  |
| *Ethnicity* |  |
| *Home Address*  *Inc Post Code* |  |
|  |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| *Name of Parent/Guardian 1* |  |
| *Parent/Guardian Telephone Number* |  |
| *Email of Parent/Guardian to whom correspondence should be addressed* |  |
| *Address of Parent/Guardian 1*  *Inc Post Code* |  |

***Education/Training Information***

|  |  |
| --- | --- |
| *Current Secondary School or College* |  |
| *Current Secondary School or College*  *Address* |  |
| *Qualifications obtained*  *(E.G. GCSEs, AS Levels)* |  |
| *Current Dance/Performing Arts School* |  |
| *Please state any Dance Grade work taken.*  *Please include Syllabus, Grade and Mark* |  |

***Additional Needs***

|  |  |
| --- | --- |
| *Does you/your child have any additional needs?*  *(Please outline needs and steps that we need to take to meet these needs)* |  |
| *Does you/your child have any learning difficulties?*  *(Please outline the learning difficulties/s and the steps we need to take to meet the learning needs)* |  |

***Medical***

|  |  |
| --- | --- |
| *Any Allergies*  *(including allergies to any medication)* |  |
| *Any ongoing medical conditions* |  |
| *Does you/your child take any regular medication?* |  |
| *Any special dietary requirements?* |  |
| *Any medical or personal issues the school should be made aware of?* |  |

***Further Application Information***

|  |  |
| --- | --- |
| *Please include (if any) further information that you think may be relevant to your application.* |  |

Thank you for your application for DYNAMIX Performing Arts College.

Please email the completed application to [hello@dancedynamix.co.uk](mailto:hello@dancedynamix.co.uk)