

# YEAR 12 REGISTRATION FORM 2012



## STUDENTS' DETAILS

Student's surname															
Forenames (please underline preferred names)															
Date of Birth						Gender				Nationality					
Email address of student															
Address															
										Postcode					
Daytime telephone										Evening telephone					

## PARENT 1/LEGAL GUARDIAN DETAILS (main point of contact)

Surname															
Forenames (please underline preferred names)															
Relationship to child								Occupation							
Email address															
Address															
										Postcode					
Daytime telephone										Evening telephone					

## PARENT 2/LEGAL GUARDIAN DETAILS

Surname															
Forenames (please underline preferred names)															
Relationship to child								Occupation							
Email address															
Address															
										Postcode					
Daytime telephone								Evening telephone							

Please confirm whether the student requires sponsorship from the School in order to obtain a visa to study in the UK. YES <input type="checkbox"/> NO <input type="checkbox"/>															
Will you be able to meet the full costs of the fees and expenses? YES <input type="checkbox"/> NO <input type="checkbox"/>															
If no, how do you intend to meet the fees?															
How did you first hear about the school? <input type="checkbox"/> Local Reputation															
<input type="checkbox"/> Present School				<input type="checkbox"/> Friends				<input type="checkbox"/> Advertisement							
<input type="checkbox"/> Website				<input type="checkbox"/> Saturday School				<input type="checkbox"/> Other (give details)							
Where will the student live while they are studying at ArtsEd?															

## SCHOOLING

Name and address of current school															
Dates of attendance															
School telephone number								Name of Head							



**INTERESTS IN AND OUT OF SCHOOL**

(hobbies and activities, including any musical theatre, dance or drama performance experience)


**ANY POSITIONS OF RESPONSIBILITY OR LEADERSHIP**


**ANY AWARDS RECEIVED/QUALIFICATIONS GAINED**


**SUBJECTS BEING TAKEN AT GCSE**


**WHAT DO YOU HOPE TO ACHIEVE BY ATTENDING ARTS EDUCATIONAL SCHOOLS LONDON**


## PROPOSED COURSE OF STUDY (please tick)

<input type="checkbox"/> BTEC Performing Arts (Musical Theatre)		<input type="checkbox"/> 4 A-Levels	
Subject Options (for BTEC please choose two A-levels)			
<input type="checkbox"/> Art and Design	<input type="checkbox"/> French	<input type="checkbox"/> Media	<input type="checkbox"/> Photography
<input type="checkbox"/> Dance	<input type="checkbox"/> History	<input type="checkbox"/> Music	<input type="checkbox"/> Drama
<input type="checkbox"/> History of Art Music	<input type="checkbox"/> Technology	<input type="checkbox"/> English Literature	
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Philosophy		

## MEDICAL CONDITIONS

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child, using the attached Confidential Information Form (if applicable):


I am aware that you will be contacting the Head of my child's present school for a reference.

Signature of parent/guardian
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/ / Date
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## CHECKLIST

Please include the following with your registration form:

- A copy of the student's Year 10 Summer School Report
- Passport Photo x1
- Registration fee of £75

### RETURN TO:

Sixth Form Admissions  
 Rosalie Jones  
 14 Bath Road  
 Chiswick  
 London  
 W4 1LY

