



APPLICATION FOR ADMISSION

SESSION 2011-2012

On completion, this application form should be
returned to:

The Dance School of Scotland
Knightswood Secondary School
60 Knightswood Road
Glasgow G13 2XD

Tel; 0141 582 0160

Closing Date for
Applications:
31st January 2012

Please complete/tick

Course Entry	Please tick
S1 entry to Dance Course (DSS)	
S2-S6 entry to Dance Course (DSS)	
S3 entry to Preparatory Theatre Course (PTC)	
S5 entry to Musical Theatre Course (MTC)	

For **Dance applicants** please enclose the following photographs with the application form (in leotard):

- 1 Full length, front view, feet together, arms by side
- 2 Full length, back view, feet together, arms by side
- 3 Full length, demi plie in 1st position, en face
- 4 Full length, leg in 2nd position en l'air, en face (for entry after S2 only)
- 5 Full length, 1st arabesque en l'air, de cote (for entry after S2 only)
- 6 One passport sized photograph, head and shoulders.

For **PTC and MTC applicants** please enclose the following photograph with the application form:

- 1 One passport sized photograph, head and shoulders

PERSONAL DETAILS

First Name _____

Surname _____

Date of Birth _____

Parents Name _____

Home Address _____

Postcode _____

Telephone (home) _____

Telephone (mobile) _____

APPLICANT'S PRESENT SCHOOL OR EQUIVALENT

Name of School _____

Class _____

Head Teacher _____

Address of School _____

Postcode _____

Telephone Number _____

Previous schools
with dates: _____

Scottish Candidate
Number: _____

APPLICANTS PRESENT DANCE/DRAMA/SINGING TEACHER (if applicable)

Name _____

Address _____

Postcode _____

Telephone Number _____

Please give details of training to date and/or involvement in performances etc if
appropriate:

MEDICAL INFORMATION

Present Doctor _____

Address _____

Telephone Number _____

Have you ever had or suffered from any of the following: (please tick)

	Yes	No
Any serious illness in the last three years eg glandular fever		
Any broken/fractured bones		
Any eye/ear problems		
Asthma		
Migraines		
Any major operations		
Any injury or condition that has required treatment by a physiotherapist or osteopath		
Any allergies		
Blood conditions eg diabetes or anaemia		
Do you wear glasses		
Any additional support needs eg dyslexia, dyspraxia, ADHD		
Any links to Psychological Services or Social Work Department		

If you have answered yes to any of the above questions , please give further details below, including dates, treatment received and the name of the doctor where applicable:

DECLARATION

I/We the undersigned, make the above application on behalf of my/our child. I/We understand that a current Head Teacher's report or a report from another appropriate person will be requested and will be sent for completion when the application is received. Where it is not the Head Teacher, then the designation of the person and their contact details should be clearly indicated.

Signature of Applicant _____

Signature of Parent _____

Date _____

Details of the audition dates and processes will be sent to you in due course.