The Elite Academy of Performing Arts

Student Application Form

Student Information

Full Name: _____
Date of Birth: _____ Age: _____
Current School: _____
Programs of Interest: Dance, Theater/Acting, Vocal/Music, Musical Theatre, Visual Arts, Other

Parent/Guardian Information

Name(s): _____
Phone: _____
Email: _____
Address: _____

Emergency Contact

Name: _____
Relationship: _____
Phone: _____

Student Background

Has your child participated in performing arts before? Yes / No
If yes, explain: _____
Student strengths or talents: _____

Educational Accommodations & Learning Needs

Does your child have: IEP, 504 Plan, Gifted Plan, Speech Services, OT, Behavioral Plan, None
Describe supports/accommodations: _____
Supports used: Extended time, Small group, Sensory breaks, Assistive tech, Other

Health & Safety Information

Allergies/Medical Conditions: _____
Medications: _____

Parent Statement

Why do you want your child to attend our school?
_____
Goals for your child this year:
_____

Required Documents

Birth Certificate, Immunization Records, Report Card, Student Photo (optional), IEP/504 (if applicable)

Application Fee

Application Fee: $_____ (Non-refundable)
Payment Method: Cash, Check, Online, Other

Signature

Parent/Guardian Signature: _____ Date: _____