

FULL TIME SCHOOL APPLICATION DETAILS

All those invited to audition will be asked to prepare:

- One short Acting monologue
- A song (2 minutes max)
- *A Dance (1 minute max)

All applicants will take part in a Dance class and sit an academic test in Maths and English

To be considered for audition this form must be completed and accompanied by:

- •Two photograph's of your child (headshot & full length)
- Your child's most recent academic School report
- A copy of your child's birth certificate
- A copy of your child's Passport
- Audition Fee

Bank Details: Account Number 62542765. Sort code: 40 31 06

Please return your application to :

MEPA Academy

Earl House

Earl Street

Maidstone

Kent

ME14 1PF



APPLICANTS FULL NAME	
GENDER	
IDENTIFIES AS	
APPLICANTS ADDRESS	
APPLICANTS CURRENT SCHOOL YEAR	
APPLICANTS DATE OF BIRTH	
DOES YOUR CHILD NEED A CAS NUMBER TO STUDY IN THE UK?	
WILL YOUR CHILD NEED TO BOARD WITH A HOST FAMILY?	



PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1 - NAME	
CURRENT ADDRESS	
RELATIONSHIP TO CHILD	
EMAIL ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
I can confirm that I have parental responsibility for my child	
SIGNED	
PARENT / GUARDIAN 2 - NAME	
CURRENT ADDRESS	
RELATIONSHIP TO CHILD	
EMAIL ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
I can confirm that I have parental responsibility for my child	
SIGNED	



VOCATIONAL SCHOOL/S OR CLASSES ATTENDED

VOCATIONAL SCHOOL	CLASSES TAKEN

VOCATIONAL HISTORY

VOCATIONAL HISTORY			
Please provide details of most recent professional experience (if any)			

MOST RECENT VOCATIONAL EXAMS TAKEN

SUBJECT	EXAM BOARD	GRADE



DATE FROM	DATE TO	NAME OF SCHOO	L	STATE OR	INDEPENDANT
<i>N</i> e may contac	t your curre	ent school for a reference	(Please indicate	if you do not want us t	o do this.)
YES			NO		
		EDUCATIO	NAL NEED	S	
s there curren	tly a social v	worker or any additional a	gencies working	with your family?	
YES			NO		
				YES / NO	
Additional Educ	ational Need	ls?			
Additional Supp	ort in Schoo	l?			
Educational Phy	/cologist Rep	port?			
Individual Educ	ational Plan?)			
Disability or Oth	ner Condition	ı ?			
Statement of Ed	lucational Ne	eed?			
Will the applica	nt need addit	tional time in their academic	test?		
		aptop in their academic test			
тип ино арриоа					
f vou answere	d Voc to any	of the above please give	dataila balaw		
i you allowele	u ies to ally	or the above please give	details below.		



YES / NO Does the applicant have any medical conditions we should be aware of?

Does the applicant take any regular medication we should be aware of?	
If you have answered yes to any of the above it is essential you give fu	ıll details below
I agree to my Child applying for a place at MEPA Acade	emy and understand that

places are offered by successful audition only.

I consent to any photo's / videos taken can be used for social media.

I enclose £25.00 audition fee

I enclose two photos (headshot / full length)

Parents signature:

Date: