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**APPENDIX 5**

 **TORQUAY ACADEMY**

**Registration Form – Performing Arts Academy**

**Aptitude Test Date: Saturday 5th October 2019**

**9.00am – 12.00pm**

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Date of Birth |  | Gender |  |
| Address  |  |
| Town  |  |
| County |  | Post Code |  |
| Parent Contact Name |  |
| Home Tel. |  | Mobile Tel. |  |
| Email |  |
| Current School |  |
| Area of Interest *(please circle)* | Music | Drama | Dance |

**Parent Signature:**

|  |  |
| --- | --- |
| Signed (e-signature also accepted) |  |
| Print Name |  |
| Date |  |

Please return completed registration forms by 20th September 2019 to: admin@tqacademy.co.uk or send direct to Torquay Academy, Cricketfield Road, Torquay, TQ2 7NU.