

Academy Application Form

Name: Address: Phone number: DOB: Grade:	
Parent/Guardian Information	
Name: Address: Phone Number: Work Number: Email: Occupation (Optional): Describe any performance experience and/or training:	
Emergency Contact (if different than parent/guardian)	
Emergency Contact (if different than parent/guardian)	
Name: Relationship to student: Phone Number: Work Number:	
Name: Relationship to student: Phone Number:	
Name: Relationship to student: Phone Number: Work Number:	
Name: Relationship to student: Phone Number: Work Number: I wish to enroll in the following Academy/Junior Academy session(s): Fall 2011 session (September 12 - December 3)Winter 2012 session (January 9 - March 31)	



Describe any performance experience and/or training

Play any instruments? Yes/No If yes, what instruments and how many ye	ears of study?
What are your goals as a performer?	
Briefly describe what you hope to get out	of your training at LAAPA
I,, am app Academy of Performing Arts and, if accept policies set forth on the Academy Policy fo Student signature	ed, agree to adhere to all regulations and rm.
I,, parent/g allowing my child to apply for admission in Arts and, if accepted, agree to adhere to a Academy Policy form.	juardian of, am to the Los Angeles Academy of Performing Ill regulations and policies set forth on the
Parent/Guardian signature	Date