



HAMILTON ACADEMY

OF PERFORMING ARTS

Academic • Ballet • Drama • Music • Vocal

APPLICATION FORM

First Name _____ Middle Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Male _____ Female _____

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Cell Number _____

Email: _____ Alternate email: _____

Grade applying for _____ Last school attended _____

Performing Arts Program _____ General Stream _____ Specialized Stream _____

Parent Information

Father's First Name _____ Family Name _____

Address _____ City _____ Province _____ Country _____

Place of Work _____ Home Phone _____ Cell number _____

Work phone number _____ E-mail _____

Mother's First Name _____ Family Name _____

Address _____ City _____ Province _____ Country _____

Place of Work _____ Home Phone _____ Cell number _____

Work phone number _____ E-mail _____

Date: _____ Parent/Guardian Signature _____

For Office Use Only

Signed by: _____
Principal Artistic Director/ Associate Artistic Director