HAMILTON ACADEMY of PERFORMING ARTS

APPLICATION FORM FOR INTERNATIONAL STUDENTS

Student Information First Name ______ Second Name _____ Family Name _____ Date of Birth (dd/mm/yy) _____ Age ___ Male/Female Home address: Street ______ City _____ Province ______ Country _____ Postal Code _____ Home phone number _____ Cell number _____ E-mail Last grade completed _____ Last school attended _____ Performing Arts Program _____ General Stream ____ Specialized Stream _____ **Parents Information** Father: _____ First Name Family Name Home address: Street _____ City ____ Province _____ Country _____ Postal Code_____ Home phone number _____ Cell number _____ Work phone number______ E-mail _____ Mother: _____ First Name Family Name Home address: Street ______ City _____ Province _____ Country _____ Postal Code _____ Home phone number______Cell number _____ Work phone number______ E-mail _____ Date: ______Parents/ Guardian Signature_____ For office use only: