

ROYAL THEATRE ARTS ACADEMY MEMBERSHIP APPLICATION

APPLICANT INFORMATION (PLEASE PRINT)

First Name:		Last Name:	
Date of birth:	SS#:	Phone:	
Current address:			
City:	State:	ZIP Code:	

AREAS OF ARTISTIC INTEREST

Please circle the area(s) of interest (You may choose more than 1 area)

Music (instrumentation)	Poetry/Spoken Word	Digital Photography
Drum Line	Recording/Music Production	Graphic Art
Drama (Acting)	Musical Theater	Choir/ Voice
Dance: Creative/Ballet Jazz Modern Tap Hip Hop Praise African		

List previous arts training or experiences include school names and dates (attach separate sheets if necessary):

EMERGENCY CONTACT

Name of a relative not residing with you:		Relationship:	
Address:		Phone:	
City:	State:	ZIP Code:	

SCHOOL INFORMATION

Name of School:		School Phone Number:	
Grade Level:	Current GPA:	Guidance Counselor:	
Free or Reduced Lunch Eligible: (Circle One)			

COMPLETING THE SECTIONS BELOW, WILL NOT IN ANY WAY AFFECT YOUR CHILD'S ACCEPTANCE INTO THE ROYAL THEATRE ARTS ACADEMY.

This requested information will help us to better serve your child. **(1)**Please circle which ever applies to your child below, refer to school records if necessary **(2)** Circle areas where academic assistance is needed. **(3)** Finally, circle areas where you would like to see improvement or growth in your child's behavior.

(1)

STARS Program/ MAGNET/ Fundamental	SLD	EH
MSAP Program	AD	EMH
GOALS Program	ADHD	Other:

(2)

Language Arts	Math	History
Reading	Science	Foreign Language
Spelling	Social Studies	Other:

(3)

Chores (helping out at home)	Social Issues (personal or family relationships)
Academic Issues (homework, study habits, classroom behavior)	Self Esteem

SIGNATURES

I have received a copy of and agree to the club rules.

Signature of youth:	Date:
Signature of parent/guardian:	Date:

