



HALLS HEAD
COLLEGE

ART ACADEMY APPLICATION – 2021

Family Name	Given Name	Date of Birth
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Home Address	Post Code:
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Name of Parent/Guardian

Home Telephone	Work Telephone
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Present Primary/Secondary School	Circle Present Year 6 7 8 9 10
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Present Primary/Secondary School Teacher Name

STUDENT TO COMPLETE

Provide details of experience and achievements in one or more of your Visual Arts Courses (Media, Photography or Visual Arts & Design). Additional information may be attached (photocopies only)

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Provide details of achievements in other areas of school (eg. Academic, sporting, social)

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Why would you like to be part of the Halls Head College Specialist ART ACADEMY?

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Other relevant experience or information in support of your application (experience outside school, career interests, clubs, external Arts projects or groups/classes etc).

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Parent / Guardian's signature: _____ Date: _____

Student Signature: _____ Date: _____