



KALAMUNDA SENIOR HIGH SCHOOL



Kalamunda Performing Arts Program

Application Form Year 20_____

Student Surname: _____ Male Female

Student First Name: _____ Date of Birth: _____

Student Residential Address: _____

Address for Correspondence (if different from residential address):

Telephone No: _____ (H) _____ (Wk) _____ (Mob)

Email contact: _____

Current Year: _____

Area of application (tick one box):

General (Drama/Dance/Music)

Specialist Music (instrument or voice)

Signed:
(Applicant)

Parent/Guardian Name: (Please Print)

Signed:

Mr/Mrs/Ms
(Parent/Guardian)

.....
(Parent/Guardian)

Date:

Please note a program fee is payable.

Please send this **application** to:

Kalamunda Senior High School
12 Cotherstone Road
KALAMUNDA WA 6076