

Supplementary Information Form for Admission APPLICATION BY APTITUDE FOR PERFORMING ARTS FOR ACADEMIC YEAR 2026/2027

THIS FORM IS IN ADDITION TO THE LOCAL AUTHORITY FORM AND SHOULD BE **RETURNED BY MONDAY 6^{\text{TH}} OCTOBER 2025 AT 3.00PM** ALONG WITH THE SELF AUDITION TAPES.

CALL BACK AUDITIONS WILL BE HELD ON **SATURDAY 11TH OCTOBER 2025 AT 9.00AM**FOR THOSE INVITED – PLEASE KEEP THIS FREE

| | TOX THOSE INVITED TELLOURING THE |
|----------------------|---|
| 1. | Name of Pupil: Surname: |
| | Forename: |
| [NB: <u>be kr</u> | please give your child's legal surname . This will appear on all school records. If you prefer your child to lown informally in school by a different name, please indicate preferred surname in brackets] |
| 2. | Date of Birth: Gender: |
| 3. | Address: |
| | Postcode: |
| 4. | Email address: |
| 5. | Contact telephone number: |
| 6. | Does the applicant have a brother/sister currently at Shenfield High School? YES/NO |
| | If YES, please give the name(s), date(s) of entry and current form: |
| 7. | Sports aptitude tests and performing arts audition dates will be published annually. You will be contacted with further information following receipt of your application. |

Each applicant will have **one** sports aptitude test or audition.

SHENFIELD HIGH SCHOOL PERFORMING ARTS ACADEMY

ADDITIONAL INFORMATION

PLEASE NOTE THIS FORM IS ADDITIONAL TO THE LOCAL AUTHORITY APPLICATION FORM AND SUPPLEMENTARY INFORMATION FORM



To be completed by Parent/Guardian

| Name of Child | | | | | | | |
|--|-----------------------|--|--|--|--|--|--|
| Primary School | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| Name of Headteacher | | | | | | | |
| Name and address of another person we may ask for a reference about your child's ability and interest in the Art | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| Daytime Tel No | Relationship to child | | | | | | |

SINGING

| Have you received any lessons | Length of Study |
|----------------------------------|---|
| Performance/Concert experience | 2 |
| | |
| School Choir | |
| Other Choirs (names) | |
| Examples of pieces sung | |
| | |
| Any Solo work | |
| | |
| Other performance experience | |
| Has your child ever composed a | piece of music? If so, please give details |
| | |
| DRAMA | |
| Have you received any lessons | |
| If you have participated as an a | ctor/actress, please give details of your experience: |
| At School | |
| Outside School | |
| Speech & Drama lessons | |
| Length of study | |
| Public speaking experience | |
| | |
| Accreditations/exams passed | |
| | |
| | |

DANCE Have you received any lessons At School **Outside School** Length of study Dance style (Ballet, Tap, etc) Performance Accreditations/exams passed **CASTING AGENCY** Are you a member of a casting agency? Yes _____ No ____ If yes, please give details Professional work completed

| | | |
|------|--|--|

Please give further examples of any performances in which you have been involved.

STATEMENT

By applying for a selected placement based on aptitude in the performing arts, children and their parents are making a commitment to the full involvement of that child in the performing arts curriculum and extra-curricular programme. Selected pupils will be expected to work hard at all their subjects in the national curriculum, as well as at all three performing arts areas – acting, singing and dance. The school encourages all pupils to achieve their full potential and with those selected, their talents in the arts will be developed to levels of excellence. This will be in the context of the education of the whole child. A partnership between school and home therefore is essential if a pupil is to succeed to the best of their ability.

Please read the above statement carefully. It is the school's commitment to those selected. In this section we would like you to make a short statement giving reasons for applying for a selected place and what you are hoping to gain from attending a specialist Performing Arts College.

| CHILD'S STATEMENT | |
|---------------------------------------|--|
| | |
| PARENT'S STATEMENT | |
| | |
| Parent/Guardian's signature Date Date | |

PLEASE NOTE YOU MUST SUBMIT A LOCAL AUTHORITY APPLICATION FORM TO YOUR LOCAL AUTHORITY

THIS FORM IS IN ADDITION TO THE LOCAL AUTHORITY FORM AND SHOULD BE RETURNED BY MONDAY 6TH OCTOBER 2025 AT 3.00pm TO

MRS SHERWOOD – JPAA LEAD TEACHER
JUNIOR PERFORMING ARTS ACADEMY
SHENFIELD HIGH SCHOOL
Alexander Lane
Shenfield
CM15 8RY

All communication will be by email. Please check your settings and ensure that c.watson@shenfield.essex.sch.uk is added to your 'safe senders' list otherwise it may be delivered to your junk folder.