



# NSW PUBLIC SCHOOLS VOCAL ENSEMBLES 2010



## STUDENT APPLICATION FORM

### Student Information

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Mobile \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth      /      /

### Family Information

Parent 1: Title      First Name      Last Name

Work Phone      Mobile      Email

Parent 2: Title      First Name      Last Name

Work Phone      Mobile      Email

### Ensemble Information Please indicate preferred ensemble

**NSW Public Schools Junior Singers** (School Years 4 - 8)

**NSW Public Schools Singers** (School Years 8 - 12)

**VOICE TYPE** (Please circle)    Soprano      Alto      Tenor      Baritone      Bass

Recommending teacher's comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2010 School Information (NB Signature indicates support of this application\*)

Name of School (2010) \_\_\_\_\_ School Year (2010) \_\_\_\_\_

Name of current school (if different from 2010 school) \_\_\_\_\_

\*If the student is changing schools in 2010, the nominating teacher and principal information should be for the current school.

Nominating Teacher's Name \_\_\_\_\_ Signature \_\_\_\_\_

Principal's Name (or representative) \_\_\_\_\_ Signature \_\_\_\_\_

### Signatures

Student's Signature \_\_\_\_\_ Date    /    /2009

Parent's Signature \_\_\_\_\_ Date    /    /2009

**Please complete and return to:** Elizabeth Scott  
Regional Arts Coordinator  
The Arts Unit  
Locked Bag 3003  
SUMMER HILL NSW 2130  
Phone: 8512 1187      Fax: 9569 6878

**APPLICATIONS CLOSE FRIDAY 30 OCTOBER 2009**