



BARBARA SPEAKE STAGE SCHOOL & AGENCY

FOUNDED 1945

EAST ACTON LANE LONDON W3 7EG

Attach
Passport Sized
Photograph
Here

Fee Paying- Full Time Place Application Form

A fee paying place will only be offered if the following conditions are met.

1. There is a space in the relevant Year Group your child is auditioning for
2. Your child reaches our high standard of vocational expectation
3. Your child is able to achieve academically over a three day week (**Senior School Only**).
4. Full time students are automatically represented by the Barbara Speake Agency, which runs independently from the school. NB: Auditions and professional work cannot and are never guaranteed.

You are reminded that before you attend your interview/audition for the Barbara Speake Stage School you must ensure you send & include or bring with you on the day

1. A photocopy of the applicants most recent full school report
2. A passport sized photograph
3. The audition fee of £20.00

This form must be signed by a parent/guardian.

In signing the form you understand that you are applying for a fee paying place and accepted on those terms.

I confirm that all the information provided is accurate to the best of my knowledge and belief.

Parent/Guardian _____

Applicant's Details

Name (as on birth certificate).....

Home Address

.....

Postcode

Date of Birth

Current School Year

Height.....

Parents/Guardians Details (Mother)

Name.....

Home Address (if different from applicant's).....

.....

Postcode

Home Telephone Number

Mobile Telephone Number

Work Telephone Number.....

Email Address

Parent's/Guardian's Details (Father)

Name.....
 Home Address (if different from applicant's).....

 Postcode
 Home Telephone Number
 Mobile Telephone Number
 Work Telephone Number.....
 Email Address

Correspondence

To whom should correspondence be sent? (please tick):

FATHER
 MOTHER
 GUARDIAN

School History

Please give details of the last three schools attended with the current school first.

Date From (dd/mm/yy)	Date To (dd/mm/yy)	Name and Address of school	Type of school (Please tick)
			<input type="checkbox"/> Independent <input type="checkbox"/> State
			<input type="checkbox"/> Independent <input type="checkbox"/> State
			<input type="checkbox"/> Independent <input type="checkbox"/> State

Name of Head teacher:

Address of School:

.....

Telephone Number of School/ Head teacher:

.....

Commencement Information

Have you ever applied/auditioned for Barbara Speake Stage School before?

YES
 NO

If yes, what date did you apply (dd/mm/yy format).....

If accepted, when would you like your child to commence (please tick):

AUTUMN TERM

SPRING TERM

SUMMER TERM

Which Academic Year would your son/daughter be starting

Medical Information

This information is required for all students.

Does your child have a medical condition (please tick):

YES

NO

If yes, it is ESSENTIAL that you list below any condition, i.e. Asthma, Diabetes, Allergies and any medication taken, long term injuries, knees/back etc. or any other matters that may affect your child's performance at school.

Parents MUST inform the school of any current or previous medical condition PRIOR to accepting a place .If you require further space, please use a continuation sheet.

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Does your child take regular medication (please tick):

YES

NO

If yes, please list below all medication taken. If you require further room, please use a continuation sheet.

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Educational Needs

Main language spoken at home:

.....

Has your child ever been statemented (please tick):

YES

NO

If you answered yes to the above question, please provide the number of hours the statement was for and issuing Local Authority: Number of hours:.....

Does your child have any other Additional Educational Needs (please tick):

YES

NO

Has your child ever received additional support in school (please tick): YES
 NO

If you answered yes to any of the questions please give details e.g. dyslexia, dyspraxia, ADHD, Asperger's.

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Accommodation/Boarding

Please be advised boarding is ONLY suitable for applicants entering Year 7 and above

Will your child need to board with a host family (please tick): YES
 NO

Vocational Schools and Classes attended

Please list all vocational schools and classes currently attended

Name of School	Classes Attended

Please list the most recent vocational examinations passed or levels attained:
NB: Please DO NOT send in any original certificates.

Subject	Examination Board (RAD/ISTD/LAMDA etc)	Grade/ Medal level/ Standard Attained

Professional Experience Please provide details of professional experience.
(The most recent first, use a continuation sheet if necessary)

Date:		
Date:		
Date:		
Date:		

Ofsted required ethnicity codes

OFSTED CODE	ETHNICITY	TICK BOX
WB	WHITE – BRITISH	
WI	WHITE – IRISH	
WAOWB	WHITE – ANY OTHER WHITE BACKGROUND	
MWBC	MIXED – WHITE & BLACK CARIBBEAN	
MWBA	MIXED – WHITE & BLACK AFRICAN	
MWAA	MIXED – WHITE & ASIAN	
MAOMB	MIXED – ANY OTHER WHITE BACKGROUND	
AABI	ASIAN OR ASIAN BRITISH INDIAN	
AABP	ASIAN OR ASIAN BRITISH PAKISTANI	
AABB	ASIAN OR ASIAN BRITISH BANGLADESHI	
AABAOAB	ASIAN OR ANY OTHER ASIAN BACKGROUND	
BBBC	BLACK OR BLACK BRITISH CARIBBEAN	
BBBA	BLACK OR BLACK BRITISH AFRICAN	
BBBAOBB	BLACK OR BLACK BRITISH- ANY OTHER BLACK BACKGROUND	
C	CHINESE	
GR	GYPSY ROMA	
TIH	TRAVELLERS OF IRISH HERITAGE	
AOEG	ANY OTHER ETHNIC GROUP	
PLPNTS	PREFERED NOT TO SAY	