



Receipt # \_\_\_\_\_

## CHARLOTTE BROOKSON ACADEMY OF THE PERFORMANCE ARTS

### APPLICATION FORM FOR SCHOOL YEAR 2025-2026

**This form is to be completed by the Applicant (student)**

Please complete this form in PRINTED LETTERS

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**Name of Applicant:** \_\_\_\_\_

As stated on passport

First Name

Last Name

### PERFORMANCE ARTS SECTION

Describe any musical or artistic interests you have.

Have you received any awards for your musical or artistic talent?

If yes, please name the title(s).

### ESSAY SECTION

Write about the best experience you have had in your life, and why it was so important to you.

Tell us why you would like to attend the Charlotte Brookson Academy of the Performance Arts.

*If you have been selected to continue with our admissions process, you will be contacted and informed of the audition date and your screening appointment.*

**Thank you for choosing the Charlotte Brookson Academy of the Performance Arts for your continued educational endeavors.**

<b><u>For Office Use Only</u></b>		<b>USD</b>	<b>NAF</b>
Receipt#: _____	Amount Paid: _____	<input type="checkbox"/>	<input type="checkbox"/>
Date on Receipt: _____	Amount Pending: _____	<input type="checkbox"/>	<input type="checkbox"/>
Staff Initial: _____	Admission Accepted:	<input type="radio"/>	<input type="radio"/>
Note: _____		<b>Yes</b>	<b>No</b>