



THE NATIONAL SCHOOL OF THE ARTS
AUDITION REGISTRATION FORM

PLEASE PRINT WHEN COMPLETING THIS FORM AND SIGN WHERE INDICATED.
MAKE SURE THAT THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS REGISTRATION FORM

1. Copy of FULL (Unabridged) Birth Certificate or ID Document.
2. Two recent Passport / ID. Size Photos (No School Photos).
3. Latest current year ORIGINAL report (or certified copy) from current school,
4. For Immigrants, all the relevant permits.
5. A non-refundable **R50 audition fee.**

PLEASE COMPLETE THE FOLLOWING AND MARK WITH AN **X** WHERE NECESSARY

Learners Audition Requirements (Only ONE audition on the same day)	<p align="center"><u>GAUTENG DEPARTMENT OF EDUCATION</u></p> <p> <input type="checkbox"/> ART <input type="checkbox"/> DANCE: DANCE FORM <input type="checkbox"/> DRAMA <input type="checkbox"/> MUSIC: INSTRUMENT </p> <p align="center"><u>MAPPSETA</u></p> <p> <input type="checkbox"/> NATIONAL CERTIFICATE IN MUSIC INDUSTRY PRACTICE (NON ACADEMIC COURSE) INSTRUMENT..... </p>
Is hostel accommodation required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Learner's Surname	
Learner's First Names	
Lerner's Date of Birth	
Learner's Present Grade	
Learner's Present School	
Learner's Present School Address <u>with Postal Code</u>	
Father's Surname	
Father's First Names	
Father's ID Number	
Father's Postal Address <u>with Postal Code</u>	
Father's Home Address <u>with Postal Code</u>	
Father's Email Address	
Father's Work: Name of Company and Address	
Father's Telephone Numbers	Home: _____ Work: _____ Cell: _____

Father's Occupation (if self employed state type of business)	
Father's Annual Income	<input type="checkbox"/> Less than R60 000 <input type="checkbox"/> Between R60 000 and R130 000 <input type="checkbox"/> Greater than R130 000
Mother's Surname	
Mother's First Names	
Mother's ID Number	
Mother's Postal Address <u>with Postal Code</u>	
Mother's Home Address <u>with Postal Code</u>	
Mother's Email Address	
Mother's Work: Name of Company and Address	
Mother's Telephone Numbers	Home: _____ Work: _____ Cell: _____
Mother's Occupation (If self employed state type of business)	
Mother's Annual Income	<input type="checkbox"/> Less than R60 000 <input type="checkbox"/> Between R60 000 and R130 000 <input type="checkbox"/> Greater than R130 000
Alternative Contact number in case of an emergency	Contact name: Relationship to child: Phone Number:
Do you have other children at present at the NSA?	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Child: Relation to child:
With whom does the learner reside?	
Who is responsible for paying school fees? The person stated will be legally liable for the school fees.	Surname: First Names: Relationship to Learner:
Account Payer's ID Number	
Account Payer's Postal Address and Telephone Numbers	

SIGNATURES: **FATHER:**

DATE:

MOTHER:

DATE:

ACCOUNT PAYER:

DATE: