



Aspley State High School

The Arts/Instrumental Music – Expression of Interest



Name:	Gender:	Age: DOB:
Parent's Name:	Phone:	
Address:	Email:	
Current School:	Current Year Level:	
Student interests – Please tick		
<input type="checkbox"/> Vocal Excellence Program (choir & solo opportunities)	<input type="checkbox"/> Dance Enrichment Program	
<input type="checkbox"/> Instrumental Music Strings (violin, viola, cello, double bass)	<input type="checkbox"/> Visual Art Enrichment Program	
<input type="checkbox"/> Instrumental Music Band (flute, clarinet, saxophone, trumpet, trombone, euphonium, percussion)	<input type="checkbox"/> Theatre Sports (Drama improvisation)	
<input type="checkbox"/> Band and Performance Mentoring Program (rock, pop and indie bands)		
Previous Experience of any of the above activities		
Level of Experience – Please tick		
<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced	
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Other:	
Performing Arts Ambitions		
By signing this form you agree to abide by Aspley SHS expectations.		
Student Signature:		
Parent Signature:		
Date:		