# Application Form: Exeter Cathedral School and Cathedral Choir

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| --- | --- |
| Voice Trial date: |  |
|  |  |
| Name of Child: |  |
|  |  |
| Date of Birth: |  |
|  |  |
| Name(s) of Parents: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| Postcode: |  |
|  |  |
| Contact telephone (home): |  |
|  |  |
| Contact telephone (mobile): |  |
|  |  |
| Email address: |  |
|  |  |
| Present School: |  |
|  |  |
| Occupation(s) of parent(s) |  |
|  |  |
| Does your child have any previous singing experience? e.g. school/church/any other?  Please provide details: |  |
| Does your child have any instrumental experience - please give details/grades etc  (n.b. instrumental experience is not essential) |  |
|  |  |
| Has your child attended a Voice Trial before?  (please give details) |  |
|  |  |
| Names of all attending the Voice Trial day (parents, guardians grandparents, siblings, family friends all most welcome) |  |

|  |  |
| --- | --- |
| Please give any specific dietary requirements for all who are attending? |  |
|  |  |
| Any health problems (e.g. allergies, asthma) of which we should be aware in relation to your child: |  |
|  |  |
| Any health problems, e.g. allergies, asthma of which we should be aware in relation to your child: |  |
|  |  |
| Any other information you feel may be helpful for us to know in relation to your child’s application? |  |

Please send this completed application form together with:

A letter of recommendation from your child’s music teacher and/or form teacher or head teacher, or a copy of a most recent music and school report; (for current Exeter Cathedral School please see note in the information brochure)

By Wednesday 16th January 2019, to:

Mrs Lucy Lewis, Registrar

Exeter Cathedral School, The Chantry, Palace Gate, Exeter, EX1 1HX or by email to [admissions@exetercs.org](mailto:admissions@exetercs.org)