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- Playbill
- Radio Advertisement
- Family/Friend
- Current Student
- Other: \_\_\_\_\_



### Application for Enrollment

Please complete all requested information on this form and return it to Salt Lake School for the Performing Arts, 2166 South 1700 East, Salt Lake City, Utah 84106  
For information, call 801-466-6700 or email [registration@saltlakespa.org](mailto:registration@saltlakespa.org)

Please complete one form for each child applying to the Salt Lake School for the Performing Arts.

Student Name: (last, first, middle) \_\_\_\_\_

Student Address: (city, state, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

Mother/Guardian Name: (last, first, middle) \_\_\_\_\_

Address(city, state, zip) \_\_\_\_\_

Phone: day \_\_\_\_\_ Phone: evening \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian Name: (last, first, middle) \_\_\_\_\_

Address(city, state, zip) \_\_\_\_\_

Phone: day \_\_\_\_\_ Phone: evening \_\_\_\_\_

Email address: \_\_\_\_\_

Please list any siblings who are applying to Salt Lake School for the Performing Arts for admission in upcoming year.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any siblings who are currently attending Salt Lake School for the Performing Arts .

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*All information provided is true and correct. Any falsification nullifies this application.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

