

# APPLICATION FORM ECOLE DE CIRQUE DE LYON

Formation préparatoire aux écoles supérieures en arts du cirque en 2 ans

## FILL BY THE CANDIDATE

I, THE UNDERSIGNED, .....

ATTESTS TO HAVING READ THE CONDITIONS FOR ENTERING TRAINING AT THE LYON CIRCUS SCHOOL AND CERTIFIES ON MY HONOR THE ACCURACY OF ALL THE INFORMATION PROVIDED IN THIS FILE.

DONE THE AND IN:

SIGNATURE

Parent N°1	Parent N°2
Name: Surname.s: Occupation: Address : Postal code : City : Phone number :	Name : Surname.s : Occupation : Address : Postal Code : City Phone number:



## FILL BY THE PARENTS OR A LEGAL CANDIDATE TUTOR

(IF THE CANDIDATE IS UNDER 18 YEARS OLD)

I, THE UNDERSIGNED,  
ACTING AS  
ALLOWED

TO APPEAR FOR SELECTION FOR PREPARATORY TRAINING AT THE LYON CIRCUS SCHOOL AND, IF SUCCESSFUL, TO FOLLOW ALL THE COURSES AND ACTIVITIES LISTED IN THE PROGRAM.

DONE THE AND IN:

SIGNATURE