

# ALL SCHOOL PLAY AUDITION SHEET

*Parents: Please fill this out with your student and have them bring it into auditions.*



***Please have your student draw and color their face for their “headshot”.***

Name of Student: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Student Age: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Student Pronouns \_\_\_\_\_

Head Circumference: \_\_\_\_\_ Height: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Waist: \_\_\_\_\_

Clothing/Skirt/Dress Size: \_\_\_\_\_ Inseam: \_\_\_\_\_ Fabric Allergies? \_\_\_\_\_

Any general fit comments? \_\_\_\_\_

Student's Prior Theater Experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***By attending auditions, I agree to clearing my schedule for rehearsals, being memorized for performances, and to accept any role that I am given.***

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_