



SCHOOL OF POWERS

APPLICATION FORM Academic Year 2015 / 2016

This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or scanned

PERSONAL DATA

Surname _____

Name _____

Alias (if any) _____

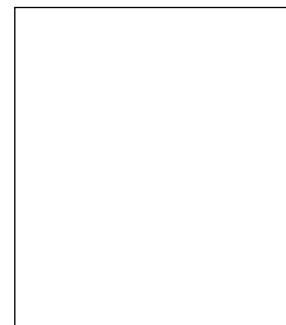
Date of birth _____ Sex M F Other _____

Place of Birth _____

Nationality/ies _____

Current Address _____

Tel (incl. Country code) _____ E-mail address _____



Photo

SUPERHUMAN PROFILE (The possession of any kind of superhuman ability is not a prerequisite for the admission)

Superhuman category Acrobat Aerial Brick Elemental (type _____)

Energizer Feral Gadgeteer Healer Marksman Mage Martial Artist

Mentalist Molecular Sensitive Shapeshifter Speedster Super genius Other

Power description _____

Superpower(s) origin (if known) _____

Usual team role _____ Presumed EDI rate (Energetic Development Index) _____

Have you already participated in any Superhuman event? Yes No

If Yes, complete the following attachment with the most relevant informations.

Event reference number _____

Date of the event _____ Location _____
Other participant/s _____
Goal _____
Supercriminals involved (If any) _____
Brief Report _____

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Supercriminals involved (If any) _____
Brief Report _____

Signature

Date _____