

STUDENT REGISTRATION FORM



ACTING. SINGING. DANCING.

First Name:

Last/Surname:

Date of Birth:

School:

Name/Number:

Street:

Town:

County: Postcode:

PARENT/GUARDIAN DETAILS

First Name:

Last/Surname:

Telephone Number:

Mobile Number:

Email:

Emergency Number:

PARENT/GUARDIAN ADDRESS

Same As Student

Number:

Street:

Town:

County: Postcode:

If your child has any medical conditions, disabilities, injuries or allergies, please provide full details below

Yes

Does your child have any experience in the performing arts?

Yes

How did you hear about *Bosworth* Theatre Stars?

Declaration of the Parent/Guardian

I (BLOCK CAPITALS) being the Parent/Guardian of (BLOCK CAPITALS) declare that the information given in this form is correct and complete and give my consent for the above named to take part in the drama/singing/dancing lessons at *Bosworth* Theatre Stars School. I will be contactable at all times during classes on at least one of the numbers given.

I will collect my child from inside Swan Housse at the end of school.

I give consent for my child to leave Swan Housse unaccompanied at the end of school.

Fees are payable in advance by direct payment. This can either be by full termly payment or, with prior agreement, by monthly installments. Fees are non-refundable for non attendance. We only ever ask for one months notice of cancellation.

PLEASE NOTE:

BOSWORTH THEATRE SCHOOL CAN NOT ACCEPT ANY RESPONSIBILITY FOR YOUR CHILD OUTSIDE OF OUR PREMISES IF YOU GIVE YOUR CONSENT FOR THEM TO LEAVE UNACCOMPANIED

I have read, understand and agree to the information on this registration form

Signed:

Date: