

SCHOOL APPLYING FOR: SAT AM / SAT PM / WED SCHOOL / BABY BEATS (PLEASE CIRCLE)

Registration

PLEASE COMPLETE IN BLOCK CAPITALS



Pupils Name: MALE / FEMALE

Parents Names:

Address:

Postcode: Date of Birth: / /

Home Tel No: Mothers Mobile No:

Pupils Mobile No: Fathers mobile No:

Parents Occupations: Work Tel No:

Email Address:

Emergency Contact Name:

Emergency Contact No:

Academic School name/address:

.....

Is there any medical condition or other circumstance you would like to make us aware of:

.....

Hobbies:

Previous experience (if applicable):

.....

Would your child like to be considered by Scream Management: YES / NO

Is he/she a member of another agency: YES / NO

Please enclose 2 passport photographs (name printed on reverse) and a copy of your child's birth Certificate.

I being the parent/guardian of (Full Name) declare that the information above is correct and I would like to register my child at **Scream Theatre School**.

I also agree to all of the enclosed terms and conditions of Scream Theatre Schools.

RELATIONSHIP TO CHILD:

SIGNED: DATE:

For Office use only

Date of Issue: Date of Return: Assessment Date: Start Date: