



Application Form

STUDENT'S NAME _____

AGE _____

DATE OF BIRTH _____

ADDRESS _____

POSTCODE _____

HOME TELEPHONE _____

STUDENT'S MOBILE _____ (if appropriate)

STUDENT E MAIL (please write clearly) _____

NAME OF PARENT/GUARDIAN _____

PARENT E MAIL (please write clearly) _____

PARENT'S MOBILE _____

Emergency contact details:

NAME _____ TEL _____

Is there any medical condition that you would like us to be aware of?

(please tick) I agree to images of the child named above being used on the Direct Theatre website/publicity information.

Half a term's notice is required in writing should a pupil wish to leave the school, failure to do so will result in charges for the notice period being payable.