

Please attach a passport-sized photograph of your child to this registration form and clearly **print** his/her name on the reverse.

CLASS APPLIED FOR

* LANGSTONE
* LLANOVER

REGISTRATION FORM

PUPIL’S DETAILS

|  |  |
| --- | --- |
| FIRST NAME |  |
| LAST NAME |  |
| DATE 0F BIRTH  DD/MM/YYYY | MALE / FEMALE |
| ADDRESS |  |
|  |  |
|  |  |
| TEL NO. | MOBILE NO. |
| EMAIL\* |  |

\*please provide a current email address so that we can send you our Academy Newsletters and any relevant consent material for the Academy

PREVIOUS PERFORMANCE EXPERIENCE/TRAINING

|  |  |
| --- | --- |
| Please list any previous performance experience / performing arts training that is relevant to your study |  |
| Please list any previous qualifications gained in the performing arts such as vocal / instrumental / acting exams passed | P.T.O |

MEDICAL DETAILS

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| ANY KNOWN ALLERGIES/MEDICAL CONDITIONS (Asthma, Diabetes, Medicine or Food allergy) |
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| ANY DISABILITY OR LEARNING DIFFICULTY (Dyslexia, ADHD) |
|  |

EMERGENCY CONTACT DETAILS

|  |  |
| --- | --- |
| IN CASE OF EMERGENCY  PLEASE CONTACT |  |
| DAYTIME TEL NO.  EVENING TEL NO. |  |

PHOTO CONSENT

Occasionally, classes and performances at The Academy may be photographed for advertising and publicity purposes. This may include photographs for Newspapers or Websites. Please indicate below if you DO NOT give your consent for your child’s image to be used in this way.

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| **DECLARATION: TO BE COMPLETED BY PARENT OR GUARDIAN ONLY** |
| I confirm that the information given above is true and I consider the child named is fit to participate in all activities at The Academy. I agree to him/her receiving emergency medical treatment as considered necessary by the medical authorities present. I attach a passport photograph of my child with his/her name clearly printed on the back. I undertake to inform the staff of The Academy of any changes to the above information as soon as it occurs.  I also understand that the completion of this form constitutes a written contract between myself and The Academy and that I must give a **whole month’s notice** **in writing** or 4 week’s fees in lieu if I wish to discontinue my child’s tuition at the Academy.  I have read, and I understand and agree to abide by The Academy’s terms and conditions, which have been provided to me. I also understand they can be accessed at http://www.joycemarshallacademy.co.uk/terms.html |
| CHILD’S NAME |
| SIGNED DATE |