

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

Registration form
PLEASE COMPLETE IN BLOCK CAPITALS



Pupils Name: _____ MALE / FEMALE

Parents Names: _____

Address: _____

Postcode: _____ Date of Birth: ____ / ____ / ____

Pupils Nationality _____ Pupils Ethnicity _____

Home Tel No: _____ Mothers Mobile No: _____

Pupils Mobile No: _____ Fathers mobile No: _____

Parents Nationality _____ Parents Ethnicity _____

Parents Occupations: _____ Work Tel No: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact No: _____

Academic School Name/Address _____

Local Council Authority (who do you pay your council tax to?) _____

Any medical conditions that we should know about: _____

Hobbies / Skills _____

Does your child play a Musical Instrument? _____

Has your child had any previous performing experience? _____

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, a copy of your child's birth Certificate and full payment of £20.00.

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.

SIGNED: _____ RELATIONSHIP TO CHILD _____

DATE: _____

(For Office use only!!)

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