***Lorraine Wynne’s****. LLSMD, RGN*

*Midland Drama Schools*

*Enrolment Form 2017/2018*

1: Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: D.O.B: \_\_\_\_\_\_\_\_\_Hair Colour:\_\_\_\_\_\_\_\_\_\_Eye Colour:\_\_\_\_\_\_\_\_\_\_\_

3: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4:E-mail of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5: Venue you wish to enroll & time of class?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6: Method of payment; weekly, monthly or term fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7: Contact number(s) and names of parents:

Parent/Guardian 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional name and number of guardian permitted to collect child if parent is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8: Current School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9:Medical History(please give specific information previous injuries, allergies etc)

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10: Drama History/Grades/Certs/Stage Experience:

Name of Drama School, Dance School or stage school attended previously, if exam, grades achieved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11: Other relevant info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12: Photograph consent: Yes No

Occasionally, we may take photographs of your child/ children at our school re- our achievements, local newspapers,/media purposes and our school website.

13. Registration fee for insurance, etc. €20 paid

**Declaration of Parents/Guardian**: I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign this enrolment giving my full consent and declaration that all information given is accurate.

I accept all rules and conditions required by the drama school which my child/children must adhere to and comply with during their class times, and in any other external activities which they may partake in with the drama school , these conditions are compiled in the drama schools code of conduct Rules and regulations and secured in their school and child protection policy. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE RETURN FORM BY POST WITH FEE ; Crossans Butchers, Main Street, Tullamore or email to info@dramaschool.ie***