

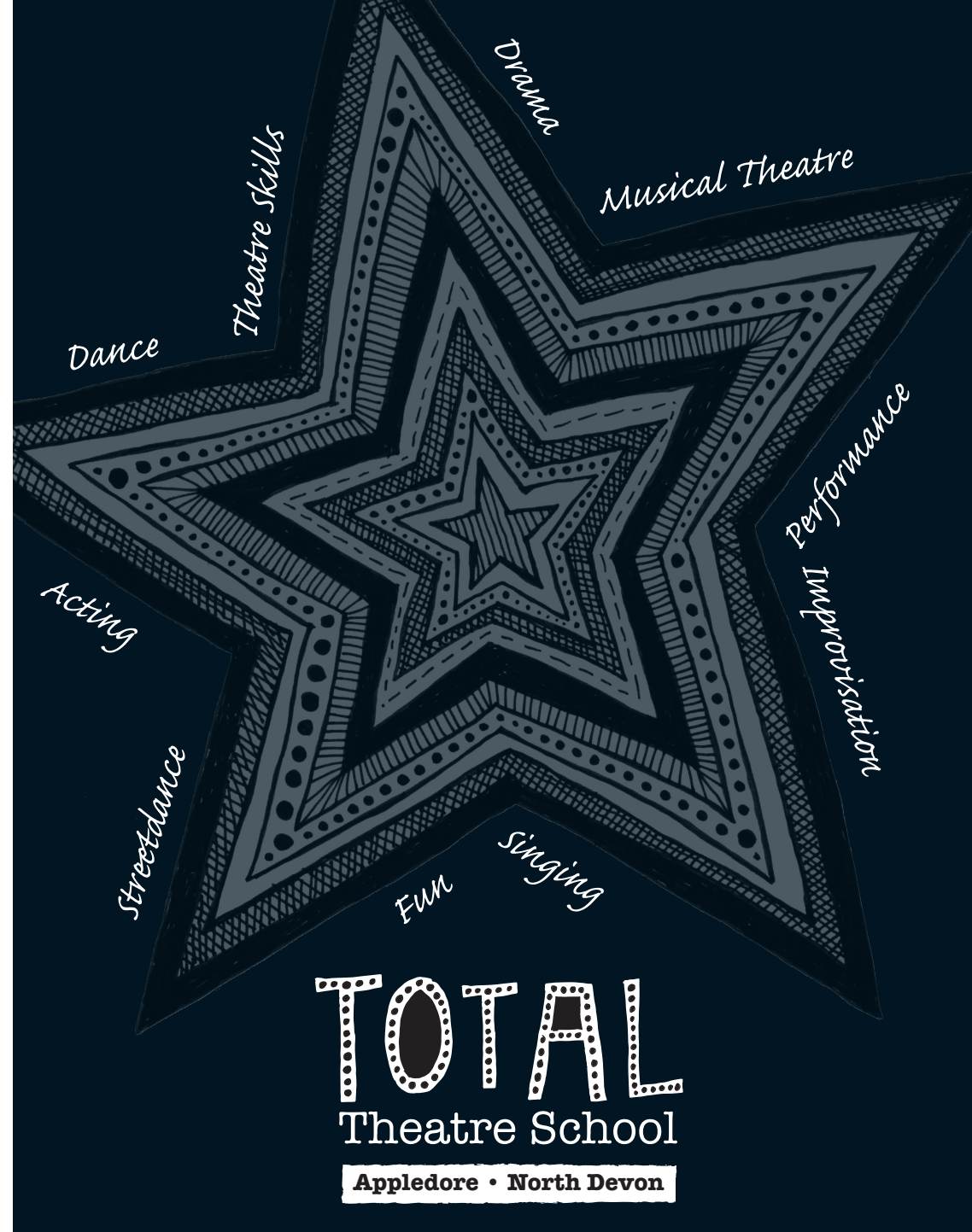
Office Use Only

TOTAL

Theatre School

Totally Fun Theatre Classes

Please return this form to:
Carol Shephard-Blandy
TOTAL THEATRE SCHOOL
2 Hilden
Northdown Road
Bideford
EX39 3LT



Student Details

Please complete in BLOCK CAPITALS:

First Name/s.....

SurnameSex M/F (delete as appropriate)

Address

.....

.....Post Code

Home Telephone Date of BirthAge.....

Parent or Guardian

Mr/Mrs/Ms/Miss First Name

SurnameRelationship to Student.....

Email

Tel Home:Tel Mobile:

Address

.....

.....Post Code

Emergency Contact Details

Please give name of a friend or relative

First Name

SurnameRelationship to Student.....

Tel Home:Tel Mobile:

Medical

Does your child have any medical needs that we should be aware of? YES ☐ NO ☐

If YES, please give details.....

.....

I consent to my child receiving first aid if the need arises. I understand that in the event of an accident or emergency you will call for assistance from a medical professional and I will be notified immediately.

Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a child to participate in classes without danger to their health and, in the event of a medical emergency, to be provided to the emergency services.

Declaration

DECLARATION BY PARENT/ LEGAL GUARDIAN

Ibeing the Parent / Legal Guardian of.....(full name) declare that the information given in this application is correct and hereby apply for a place for my child at TOTAL THEATRE SCHOOL. I understand that Total Theatre School reserves the right to restrict admission at its own discretion.

On confirmation of my Child's place at Total Theatre School I will pay the deposit by cash or bank transfer to secure that place (see enclosed 'Fees and Payment' form).

I agree to give a half term's notice in writing (mid term) of my child's intention to leave Total Theatre School at the end of that term.

Signed..... Date

By signing this form your are deemed to consent to the terms and conditions.

GENERAL DATA PROTECTION REGULATION

In order to have your child/children's details stored on our computer, we need your written consent. All information is used solely by us, and is used to remind us of any medical condition your child/children may have and for emergency contact details. We will keep the information until your child leaves Total Theatre School. After that point, it will be disposed of. You can withdraw your consent to our storing the information at any point. In the unlikely event that we need to share any information regarding a student with a third party, we will need to gain your permission to do so. This would be if entering for a LAMDA exam or if taking part in a drama festival or other public event. Having gained your permission to share information, we would then not be responsible for what happens to it after that.

I,give my consent for Total Theatre School(Carol Shephard-Blandy & Sara Pruce) to store the information I have submitted during my child/children's time at Total Theatre School.

Total Theatre School will from time to time take photographs and film footage of students during class time for use in Total Theatre School marketing and publicity material. If you do not wish for your child to be photographed/filmed or for their names to appear on our website or in publicity material please let the school Directors know in writing.