



Genesis Theatre Arts Drama & Dance School

Student Information:

First name(s):

Surname:

Date of Birth:

Gender: Male/Female

Applying to Join Class:

Medical: Please advise the School of all Medical conditions that the Student has:

Does the Student have any Special Needs? YES/NO

Please list any special needs:

Parent Guardian Information:

Title:

Relationship to Student:

First name(s):

Surname:

Address:

Postcode:

Home Tel:

Work Tel:

Mobile:

E-mail:

Alternative Contact Information (In case of an emergency)

Title:

Relationship to Student:

First name(s):

Surname:

Address:

Postcode:

Home Tel:

Work Tel:

Mobile:

E-mail:

How did you hear of Genesis Theatre Arts?

If you are happy for photo's to be taken of your child for publicity purposes please tick here _____

All Fees are payable on the 1st day of term no refunds will be given for sessions missed by the student. I agree to give 1 months notice of my child's intention to leave Genesis. It is understood that in the event of an emergency, basic first aid may be administered to the student by a member of staff. If you do not agree to this, you must inform us in writing. By signing this form you agree that you have read, understood and entered the correct and complete information.

Signature:

Name (block capitals):

Date:

