



**PERSONAL DETAILS FORM**

(Please fill in and return at start of first class)

Pupils surname.....Forename .....

Date of Birth ...../...../..... Age .....

Address .....  
.....

Postcode .....

Tel. No. .... Mobile .....

**E mail** ..... (Newsletters are sent via e mail)

**Emergency contact details:**

Name.....  
Telephone.....  
Mobile/Home no.....  
Relationship.....

**Medical Information**

(Please let us know if your child/you have any medical conditions)

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.....  
.....

Signed ..... Pupil Date .....

Signed ..... Parent/Guardian (if under 16)

From time to time we will use video cameras when teaching ‘acting for film’ or ‘casting/audition technique’ or when showing students their work. Please tick and sign appropriate box

I am happy for my child to take part in filming.....

I do not wish my child to take part in filming.....