



Please complete this form as soon as possible and return it to Theatre School – All fields are required unless stated otherwise. If any of the following details change during your child's position at Theatre School please ask for an Update Form – student and parent information is essential. Thank you.

Student Information	
<b>Forename:</b>	<b>Surname:</b>
<b>D.O.B:</b> (DD/MM/YYYY)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Allergies or Illnesses:</b> Please give as much detail as possible including required medication)	
<hr/> <hr/> <hr/> <hr/>	

Parent/Guardian Information	
<b>Main Contact</b>	
<b>Forename:</b>	<b>Surname:</b>
<b>Relation to Student:</b>	
<b>Telephone Number:</b>	<b>Mobile Number:</b>
<b>Email Address:</b>	
<b>House Address:</b>	<b>Postcode:</b>
<hr/> <hr/>	

Secondary Contact		(This information is optional)
<b>Forename:</b>	<b>Surname:</b>	
<b>Relation to Student:</b>		
<b>Telephone Number:</b>	<b>Mobile Number:</b>	

Emergency Contact		(Please select who you would like to be contacted in case of an emergency)
<input type="checkbox"/> Main Contact	<input type="checkbox"/> Secondary Contact	<input type="checkbox"/> Other (Please specify below)
<hr/> <hr/>		

By ticking this box I hereby state that the information that I have provided on this form is valid and correct. I understand that any change to my details will need to be corrected by requesting an Information Update Form from Shotton Hall Theatre School.

<b>Date:</b>	<b>Signed:</b>
<b>Print Name:</b>	

OFFICE USE ONLY		
Required fields completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Form Complete?</b>	<b>System Updated?</b>
Student details added to system: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date approved:</b>		
<b>Approved by:</b>	<b>Signed:</b>	