

## Application Form

*When attending a taster session - please complete this form and bring this with you and pass this to our principal Rachel Wonfor on the day of the taster session. It is important that we have this information before your child commences their training with us.*

### Pupil details

Full name	
Date of birth	
Age	
Home address	
Postcode	
Home phone number	
School name	

### Parent / Guardian - Emergency Contact details

Full name	
Relationship to pupil	
Address if different to pupil	
Postcode	
Home phone number	
Mobile number	
Email address	

### Medical Conditions / Learning Needs

Please provide details of any existing medical conditions or learning needs that we should be aware of:

I agree to give my permission for Showbiz Academy to use photographs that include my child during lessons / performances for the purpose of Showbiz Academy Social Media / Website pages:

Yes

No

**Declaration by Parent /Legal Guardian**

I, \_\_\_\_\_ (Full name) being the Parent / Legal Guardian of  
\_\_\_\_\_  
\_\_\_\_\_ (Full name of Pupil) declare that the information given  
in this application is correct.

I agree to abide by Showbiz Academy’s Terms and Conditions (on Showbiz Academy website).

**Signed:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_