

Application Form

Student's Full Name | _____

Today's Date | _____

Full Address
(including postcode) | _____

Date of Birth | _____

| _____

Hair Colour | _____

| _____

Eye Colour | _____

| _____

Height | _____

| _____

Shoe Size | _____

Email Address
(parent/guardian) | _____

Contact Tel | _____

Please list any previous experience...

i.e any shows you have appeared in professional or amateur (please specify) and dance or singing lessons/exams taken and for how long etc

Please list any hobbies or skills...

i.e sports/instruments/singing/dancing/funny voices etc

Do you have any physical or mental disability that you would like the theatre workshop to be aware of?

DECLARATION BY PARENT/LEGAL GUARDIAN

To join the school there is a £50 deposit that we need to receive with a completed application form to secure a place. This is then deducted from the termly fee when the student starts their training with us. Please note that when a place is unavailable the applicant will be placed on our waiting list and we will inform you as soon as a place becomes available. The fees are £24 per week, payable for the whole term at the start of term, in advance. A typical introductory term is 12 weeks for which I agree to pay £288 (or 'Pro Rata' if starting mid term). For the terms that follow the introductory term I agree to pay with two cheques on the 1st week of a normal 12 week term. The cheques will each be for £144 but one will be post-dated for 6 weeks later. Please note that fees CANNOT be refunded. ALL CHEQUES PAYABLE TO 'THE THEATRE WORKSHOP'. I declare that the above information about my child is true and correct and hereby apply for a place for my child at THE THEATRE WORKSHOP. I understand that THE THEATRE WORKSHOP reserves the right to dismiss any child who becomes disruptive. I agree that this contract is 'on going from term to term' for a minimum of 1 term. I AGREE TO GIVE 6 WEEKS NOTICE IN WRITING TO THE THEATRE WORKSHOP should my child decide to leave. If I fail to give notice I agree to pay 6 weeks fees in lieu of notice.



**THE
THEATRE
WORKSHOP**

Signed:- | _____

Print Name:- | _____

Relationship
To Child:- | _____

RETURN TO: THE THEATRE WORKSHOP 10 THE DRIVE HOVE BN3 3JA