



THE BOURNEMOUTH YOUTH THEATRE

24 Chatsworth Road ◦ Charminster ◦ Bournemouth ◦ BH8 8SW

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Principal – Michael Tomkins

PLEASE
ATTACH
PASSPORT
SIZE
PHOTO

STUDENT DETAILS

Please complete and return.

FORNAME _____

SURNAME _____

SEX M / F

ADDRESS _____

_____ POST CODE _____

HOME TEL _____ E-MAIL _____

DATE OF BIRTH _____ AGE _____ MOBILE NUMBER _____

EMERGENCY NUMBER _____ RELATIONSHIP TO STUDENT _____

IS THERE ANY MEDICAL CONDITION OR OTHER CIRCUMSTANCE OF WHICH YOU WOULD LIKE THE SCHOOL TO BE AWARE? YES / NO If yes, please give details

DECLARATION BY PARENT / LEGAL GUARDIAN

I Being the parent / Legal Guardian of
Declare that the information given in this application is correct and grant permission for my child to attend "THE BOURNEMOUTH YOUTH THEATRE"

I AGREE TO GIVE A HALF TERMS NOTICE IN WRITING (MID/TERM) OF MY CHILDS INTENTION TO LEAVE "THE BOURNEMOUTH YOUTH THEATRE" OR TO PAY A HALF TERMS FEES IN LIEU OF NOTICE

SIGNED RELATIONSHIP TO STUDENT

DATE