**New Student Registration**



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| --- | --- |
| **Class Registered for:** |  |

**Student Details**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |

**Parent Details**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Surname:** |  |
| **Relationship to Student:** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **Contact Number/s:** |  |
| **Email Address:** |  |

**Secondary Contact Details**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Surname:** |  |
| **Relationship to Student:** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **Contact Number/s:** |  |
| **Email Address:** |  |

**Student Medical Details**

|  |  |
| --- | --- |
| **Emergency Contact:** |  |
| **Phone Number:** |  |
| **GP Name:** |  |
| **GP Phone:** |  |
| **GP Address:** |  |
|  |  |
| **Medical Information:** | * *Please give details of any medical conditions of which we should be aware – including Asthma, Muscular-Skeletal, Epilepsy, Skin Conditions and Heart Conditions* * *Please provide details of any recent operations* * *Does the person named above have any allergies of which we should be aware?”* |
| **Additional Support Needs:** | * *Please give details of any additional support needs. Stagetime is an inclusive organisation and will make every effort to cater for your child.* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email** |  | **Text** | |  | **Phone** |  | **Mail** |  |
| **How did you hear about us?** | | |  | | | | | | |

**Marketing: *- please type/mark “x” in the required box if you are happy to be contacted via:***

**Images of Children Agreement: *(please type/mark “x” in the required box)***

|  |
| --- |
|  |

I hereby give permission for photographs and video of my child/children to be taken and used by Stagetime only as described in the “Images of Children Agreement”.

|  |
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|  |

I do not give permission for Stagetime to use images of my child/children

**Declaration:**

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| --- |
|  |

I declare that all details given on this registration form are correct to the best of my knowledge.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sign:** |  | **Print:** |  | **Date:** |  |