

For Office use only



# STUDENT APPLICATION FORM

## PREFERRED SCHOOL

LOCATION:

DAY:

START TIME:

PLEASE RETURN THIS FORM TO:

HEAD OFFICE

STAGECOACH

THE COURTHOUSE, ELM GROVE, WALTON-ON-THAMES, SURREY KT12 1LZ

Telephone: 01932 254333

e-mail: [mail@stagecoach.co.uk](mailto:mail@stagecoach.co.uk)

[www.stagecoach.co.uk](http://www.stagecoach.co.uk)

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Please complete in BLOCK CAPITALS:

**STUDENT DETAILS**

First Name/s ..... Surname ..... Sex M/F\*  
(\*delete as appropriate)  
Address .....  
.....  
..... Post Code .....  
Home Telephone ..... Date of Birth ..... Age .....

**PARENT OR GUARDIAN**

Mr/Mrs/Ms/Miss First Name ..... Surname .....  
Relationship to Student ..... email .....  
Tel: Home ..... Daytime ..... Mobile .....  
Address .....  
.....  
..... Postcode .....

**EMERGENCY CONTACT DETAILS**

(please give the name of a friend or relative)

First Name ..... Surname ..... Relationship to Student .....  
Tel: Home ..... Daytime ..... Mobile .....  
Address .....  
..... Postcode .....

**MEDICAL**

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.

Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a child to participate in classes without danger to their health and, in the event of a medical emergency, to be provided to the emergency services.

**GENERAL**

Academic School attended .....  
How did you first hear about Stagecoach .....  
Please give details of any arts training or experience .....  
.....  
State results of any examinations in Dance, Drama, Singing - also any experience in School Productions or other performing experience  
.....  
.....

**DECLARATION**

**DECLARATION BY PARENT/LEGAL GUARDIAN**

I.....being the Parent/Legal Guardian\*of  
.....(full name) declare that the information given in this  
application is correct and hereby apply for a place for my child at the .....  
Centre. I understand that Stagecoach reserves the right to restrict admission at its own discretion.

I enclose my cheque payable to "Stagecoach" in respect of the Registration Fee and I understand, that in the event that my child is not accepted, my cheque will be returned to me forthwith.

The Personal data included in this form will be "processed" (as such terms are defined in the Data Protection Act 1998) by Stagecoach Theatre Arts plc and/or the Principal(s) of its schools ("Stagecoach") for the purposes of administration, research, the provision of teaching services in singing, dance and drama, the organisations under legislation relating to children. Stagecoach will not disclose this information to third parties for marketing purposes. Stagecoach itself may use this information to provide marketing information. Please tick this box if you do not wish to receive marketing information from Stagecoach.

By signing this form you are deemed to consent to the use of such Personal Data for the above purposes.

I agree to give a half term's notice in writing mid-term of my child's intention to leave Stagecoach at the end of that term or to pay a half term's fees instead of notice.

Signed

Date

Relationship to Student