

THEATRO SCHOOL OF PERFORMING ARTS

APPLICATION FORM

CHILD/ NAME:

AGE: M / F

DATE OF BIRTH: Class in school:

ADDRESS:

.....

PARENT/ GUARDIAN :

TEL: MOBILE:

EMAIL:

***MEDICAL INFO:**

(Please specify if your child has any medical condition that we should be aware of or allergys)

.....

SPECIFIC TALENTS / INTERESTS

PREVIOUS STAGE SCHOOL OR OTHER:

.....

WHERE DID YOU HEAR ABOUT US:.....

PHOTOGRAPHY/VIDEO:

Images may be used only for the purpose of THEATRO archives but may also be used for the purpose of promotional or editorial material. If you do not wish your child to be included please specify.

I, the undersigned, acknowledge that I have read and understood all of the Terms and Conditions of THEATRO School of Performing Arts as set out above and accept same:

Signature of Parent/Guardian: Date:

www.theatro.ie

email: theatroperformingarts@gmail.com