



CentreStage

Dance and Drama

SUMMER SCHOOL APPLICATION FORM

Please write clearly in block capitals

Forename

Age

Surname

Date of Birth

Nationality

Sex

Ethnic Origin

Address

Post Code

Telephone Number

Mobile Telephone Numbers

E-mail to contact you on

School Attended

Name of Parent/Guardian

Address if different from above

In case of an emergency, contact

Emergency Telephone Number

Any medical condition we need to know?

Doctor's name, address & phone number

Permission to seek medical advice and/
or treatment in an emergency? Yes No

Permission for my child to leave
venue unaccompanied Yes No

Permission for photographs and videos to be
published involving your child in productions. Yes No

Signature of parent/guardian

Director - Suki Turner

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