



YOUTH LYRIC

PARENTAL CONSENT AND STUDENT INFORMATION

LOCATION / TIME														
ANTRIM	TUE 4PM		TUES 5PM		STRANDTOWN FRI 1.45PM					STRATHEARN FRI 3.30PM				
STRANMILLIS	MON 5PM		MON 6PM		FRI 5PM		FRI 6PM		FRI 6:30PM		SAT 9AM		SAT 10AM	SAT 11AM
STUDENT INFORMATION														
FULL NAME								TOWN						
ADDRESS LINE 1								POSTCODE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					
ADDRESS LINE 2								DATE OF BIRTH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					
CURRENT SCHOOL								SCHOOL YEAR						
ADDITIONAL INFORMATION (E.G. SPEECH & DRAMA / MUSIC / DANCE GRADES / STAGE EXPERIENCE)								AGE						
								<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>AFFIX PASSPORT SIZE PHOTOGRAPH HERE NEW PUPILS ONLY</p> </div>						
PLEASE INDICATE BELOW IF YOU ARE HAPPY FOR YOUR CHILD'S DETAILS TO BE SENT TO CASTING AGENCIES UPON TUTORS' RECOMMENDATIONS														
HOW DID YOU HEAR ABOUT YOUTH LYRIC														
HOBBIES AND INTERESTS														
NEXT OF KIN / EMERGENCY CONTACT 1														

FULL NAME		RELATIONSHIP	
ADDRESS LINE 1		TOWN	
ADDRESS LINE 2		POSTCODE	<input type="text"/>
HOME PHONE	<input type="text"/>	MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		

EMERGENCY CONTACT 2 (PLEASE PROVIDE)

FULL NAME		RELATIONSHIP	
ADDRESS LINE 1		TOWN	
ADDRESS LINE 2		POSTCODE	<input type="text"/>
HOME PHONE	<input type="text"/>	MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		

MEDICAL INFORMATION ABOUT YOUR CHILD

Please give details of:

1.	ANY CURRENT MEDICAL CONDITION / MEDICATION BEING TAKEN / ALLERGIES
	<input type="text"/>
2.	ANY OTHER RELEVANT INFORMATION INCLUDING SPECIAL EDUCATIONAL NEEDS (PLEASE SPECIFY THE NATURE AND, IF APPLICABLE, THEIR STAGE ON THE SEN REGISTER)
	<input type="text"/>

PHOTOGRAPHY / VIDEO CONSENT

During classes, workshops and performances, our staff occasionally take photographs and videos to use as publicity for Youth Lyric. If you are **NOT** happy for images of your child to be used in this manner please tick here.

PAYMENT OF FEES

Student fees should be paid at the beginning of each term via BACS transfer. Please include your child's name as the reference for the transfer. Sort Code: 90-22-07 Account No: 94225920

SIGNED:	<input type="text"/>	DATE:	<input type="text"/>
FULL NAME (CAPITALS)	<input type="text"/>		

If you would like to be sent a copy of the Youth Lyric Data Protection and Privacy Policies please email info@youthlyric.co.uk