



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 (AS PASSPORT)								TOWN							
ADDRESS LINE 1				POSTCODE											
ADDRESS LINE 2				DATE OF BIRTH											
CURRENT SCHOOL				SCHOOL YEAR				AGE							
HAS YOUR CHILD EVER BEEN IN THE CARE OF LOCAL AUTHORITY / ADOPTED OR SUBJECT TO A CURRENT COURT ORDER WE SHOULD BE AWARE OF										YES / NO					
DO ANY SIBLINGS ATTEND YOUTH LYRIC (NAME OF SIBLING)															
USUAL MODE OF TRANSPORT TO CLASSES					HOW DID YOU HEAR ABOUT US										
WE ARE OCCASIONALLY APPROACHED BY CASTING AGENCIES, ARE YOU HAPPY FOR US TO PROVIDE THEM WITH YOUR EMAIL ADDRESS IF WE BELIEVE IT IS APPROPRIATE										YES / NO					
PREVIOUS STAGE EXPERIENCE										<div style="border: 1px solid black; padding: 20px; text-align: center;"> AFFIX PASSPORT SIZE PHOTOGRAPH HERE NEW PUPILS ONLY </div>					
ADDITIONAL INFORMATION (E.G. SPEECH & DRAMA / MUSIC / DANCE GRADES)															

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	<input type="text"/>
EMAIL	<input type="text"/>		

EMERGENCY CONTACT 2

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

MEDICAL INFORMATION ABOUT YOUR CHILD

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

PHOTOGRAPHY / VIDEO CONSENT

WE 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.

CODE OF CONDUCT

I VERIFY THAT I HAVE READ AND SHARED THE CODE OF CONDUCT WITH MY CHILD AND THAT THEY WILL ADHERE TO ITS GUIDELINES (PLEASE SIGN)

PAYMENT OF FEES

FEES SHOULD BE PAID AT THE BEGINNING OF EACH TERM VIA BACS TRANSFER. REFERENCE YOUR TRANSFER: Your child's name. SORT CODE: 90-22-07 ACCOUNT NO: 94225920

SIGNED:		DATE:	
FULL NAME (CAPITALS)			