

**Youth Lyric**

**Parental Consent and Student Information**

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| **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 AUTHORTITIES / 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 APPROPRAITE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | |
| **PREVIOUS STAGE EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | | AFFIX  PASSPORT SIZE PHOTOGRAPH  HERE  NEW PUPILS ONLY | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION (E.G. SPEECH & DRAMA / MUSIC / DANCE GRADES)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HOBBIES AND INTERESTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NEXT OF KIN / EMERGENCY CONTACT 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | |  | | | | | | | | | | | | | | | RELATIONSHIP | | | | | | |  | | | | | | | | | | | | | | | |
| ADDRESS LINE 1 | | | | | |  | | | | | | | | | | | | | | | TOWN | | | | | | |  | | | | | | | | | | | | | | | |
| ADDRESS LINE 2 | | | | | |  | | | | | | | | | | | | | | | POSTCODE | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | |
| HOME PHONE | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | MOBILE | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
| EMAIL | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | |  | | | | | | | | | | | | | | | RELATIONSHIP | | | | | | |  | | | | | | | | | | | | | | | |
| ADDRESS LINE 1 | | | | | |  | | | | | | | | | | | | | | | TOWN | | | | | | |  | | | | | | | | | | | | | | | |
| ADDRESS LINE 2 | | | | | |  | | | | | | | | | | | | | | | POSTCODE | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | |
| HOME PHONE | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | MOBILE | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
| EMAIL | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IF YOU WOULD LIKE A COPY OF THE YOUTH LYRIC DATA PROTECTION AND PRIVACY POLICIES - EMAIL INFO@YOUTHLYRIC.CO.UK