

**Youth Lyric**

**Parental Consent and Student Information**

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| --- |
| **LOCATION / TIME** |
| antrim | tue 4pm |  | tues 5pm |  | strandtownfri 1.45pm |  | strathearnfri 3.30pm |  |
| stranmillis | mon5pm |  | mon6pm |  | fri5pm |  | fri6pm |  | fri6:30pm |  | sat 9am |  | sat10am |  | sat11am |  |
| **STUDENT INFORMATION** |
| FULL NAME (AS PASSPORT) |  | TOWN |  |
| ADDRESS LINE 1 |  | POSTCODE |

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| ADDRESS LINE 2 |  | DATE OF BIRTH |

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 |
| 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** |

|  |
| --- |
| AFFIXPASSPORT SIZE PHOTOGRAPHHERENEW PUPILS ONLY |

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|  |
| **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 |

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| **EMERGENCY CONTACT 2** |
| FULL NAME |  | RELATIONSHIP |  |
| ADDRESS LINE 1 |  | TOWN |  |
| ADDRESS LINE 2 |  | POSTCODE |

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| **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) |  |

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