

The Acorn Academy of Speech & Drama - Enrollment form

Which venue will you be coming to?

Newark

Radcliffe

Ruddington

Parents' details

Title

First name

Surname

Address

Postcode

Telephone numbers

Please provide as many contact numbers as possible in case we need to contact you urgently during class time.

Email address

Children's details

Please tell us the names and dates of birth of the children that will be coming, the class(es) will be joining and which school they currently go to.

Name

Date of birth dd/mm/yyyy

Class(es)

Let's Act!

Reading

Little Acorns

School

Name

Date of birth dd/mm/yyyy

Class(es)

Let's Act!

Reading

Little Acorns

School

Name

Date of birth dd/mm/yyyy

Class(es)

Let's Act!

Reading

Little Acorns

School

Any other information

Please give us details of anything you think we should know. For example, allergies, previous drama experience and what you hope your child will benefit from by attending our class. For the Reading class, tell us what reading stage your child is at. Please also state if your child is NOT allowed to go home from the class alone and must wait until they are collected.

How did you hear about us?

Photography & video

We use video & photography in the class as a teaching aid and to keep a record of the children's work. We may also use some of this material in the local press and anonymously on our website & brochures for promotional reasons (children will not be identified by name). We really do need you to agree to this so that your child is not excluded from any activities.

I agree to you using photography & video in this way

Signed

Date

dd/mm/yyyy