**Pupil**

# Surname…………………………………………………….. Forenames…………………………………….………..

# 

# Address………………………………………………………………………………….…………………………………………

# …………………………………………………….………………….Post Code………………………………….…………...

# Telephone …………………………………………….……… D.O.B…………………….Age…………………..………

# Parent/Guardian

## 

Surname…………….................................…….......Forename……………..............…Mr/Mrs/Miss/Ms

Telephone contact …………….........……..….........Relation to applicant……...................……………

E-mail…………………...............................................................…………………………………………………

Are there any medical conditions or special circumstances that you would like the academy to be aware of?

…Y/N……………

If yes please give details on the reverse of this page

#### Parents consent

I understand that if leaving the academy mid-term that 6 weeks notice must be given.

Please sign the declaration to give us permission to photographs or videos of your child for the purposes below:

1: For our records. 2: Films produced by Film school activities and projects. 3: Press publicity, our web site - we do not name individual members without full permission

4: Work produced by our Saturday FILM SCHOOL may be uploaded to to the STAR Academy You Tube site for promotional purposes. We will carefully monitor these sites, and again no child shall be named.

I give permission for STAR Academy to take photos/videos/films of my child for the purposes outlined above.

**Parent / guardian signature**: