|  |  |
| --- | --- |
| **PUPIL’S NAME** |  |
| **AGE/D.O.B** |  |
| **CLASS/VENUE** |  |
| **PARENT/GUARDIAN** | NAME: MOB: |
| **HOME ADDRESS** |  |
| **HOME TEL NO** |  |
| **EMAIL ADDRESS**  **(Please display clearly)** |  |
| **ADDITIONAL EMERGENCY CONTACT** | NAME: RELATIONSHIP: TEL: MOB: |
| **HEALTH CONDITIONS** |  Nose bleeds easily  Asthmatic  Seizures   Allergies / Other (specify) |
| **OFFICE USE ONLY** |  Send Worldpay Link  Add to online Register  Add to online Student Records   Send HUB details  Add to Mailchimp (CSV & List) |

**ENROLMENT FORM 2017/18**

**PHOTOGRAPH/VIDEO CONSENT**

**Photographs and videos may be taken of your child for promotional purposes for Livewire Theatre Co. These images may appear on our printed marketing materials, website, social media and in the press. Please sign below to give consent for photographs to be taken of your child for the outlined purposes.**

**Parents signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**