



EXAMINATION CLASS REGISTRATION

Student Full Name	
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Student D.O.B.	
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Address	
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Post Code

Home telephone Number	
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Parent/Guardian 1 Full Name	
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Mobile phone Number	
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Parent/Guardian 2 Full Name	
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Mobile phone Number	
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Email addresses	1.	
	2.	

Name of school that student attends:

If you would like to add any relevant additional information then please continue over the page

Parent/guardian signature

Date

OFFICE USE ONLY	
Registration Number	Start date
Medical Questionnaire	



MEDICAL QUESTIONNAIRE

Registration number	
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Student's Full Name	
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1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No*

*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No*

*If yes please give full details

3. Does your child have any learning or reading difficulties? Yes/No*

*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Lutterworth Youth Theatre Academy, have the right to refuse access to classes based on the information given above.
(Must be signed by Parent or Legal Guardian only).

X

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Parent/guardian signature

Date

Registration number

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Student's Full Name

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TERMS & CONDITIONS

I am legally responsible for the above named person.

I wish the above named student to be enrolled in Future Faces Acting School at the above address. I have received and read a copy of the school prospectus and I agree to accept my responsibility to ensure compliance with the uniform and behaviour policy of the school.

Furthermore, I understand that I am entering into a legally binding financial agreement. I am aware that:

- I will be invoiced for fees due every half term and that all lessons must be paid for in advance and regardless of attendance.
- Fees are due on the invoice date.
- A late penalty fee of 10% of the total amount invoiced and due becomes payable if the invoice has not been paid within twenty-one days of the due date.
- Continual late payment will result in student expulsion.
(Fees are set at the commencement of a full term and any increases are notified at least three weeks prior to the start of the next full term in writing)
- Should the above named student wish to leave Future Faces Acting School then I agree to inform the principal, formally in writing, **no less than two weeks before the end of the half term that I have paid for**. I understand that failure to do this will incur full fees for the next half term.
- I agree to pay £1.50 for each workbook that the student is issued with and I will pay to replace if it is lost or damaged.
- I am also aware that if I agree to enter the named student into an examination then the exam fee will be payable seven weeks prior to the examination date.
(Showcard fees are set at the commencement of a full term and any increases are notified at least three weeks prior to the start of the next full term in writing)
- I agree to notify the school of any changes in the student's medical condition
- I agree to notify the school of any changes in respect of contact details
- I agree to notify the school in the event of the student being unable to attend the weekly session

PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date

Future Faces
 Joanna Woodward, Vice Principal

Date