



# ACT ONE Theatre School

93 Abbeyfield, Milltown, Dublin 6

Application Form: 12-19 Year Olds (Groups B2 & C)

**Saturdays beginning Sept 26<sup>th</sup> 2009**

GROUP A2: 5 – 9 YRS @ 1PM – 2.30PM

GROUP B1: 9 – 11 YRS @ 1PM – 2.30PM

GROUP B2: 12 – 14 YRS @ 2.30PM – 4.30PM

GROUP C: 15 – 19 YRS @ 2.30PM – 4.30PM

SPEECH & DRAMA: 5 – 11 YRS @ 12.30–1 & 12 – 19 YRS @ 1.30–2.15

*Please note that during rehearsals, class times may be a little longer and there may be extra rehearsals*

***PLEASE NOTE WHEN YOU SIGN THIS FORM YOU ARE ALSO AGREEING TO THE AGENCY TERMS & CONDITIONS ON THE BACK OF THIS FORM UNLESS YOU SPECIFICALLY INFORM US YOU DO NOT WANT YOUR CHILD TO BE REPRESENTED BY THE AGENCY***

STUDENT'S NAME: \_\_\_\_\_ Group enrolling into: \_\_\_\_\_

STUDENT'S AGE & D.O.B. \_\_\_\_\_

STUDENT'S HEIGHT: \_\_\_\_\_ EYE COLOUR: \_\_\_\_\_ HAIR COLOUR: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAMES: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

MOBILE PHONES: \_\_\_\_\_

STUDENT'S OWN MOBILE: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

***Please supply an email address that is checked regularly as we send important info during the year this way.***

MEDICAL (Please give full details of any medical condition, allergy or illness): \_\_\_\_\_

EDUCATIONAL (Please give full details of any learning difficulties, dyslexia, etc.): \_\_\_\_\_

HAVING COMPLETED THIS APPLICATION FORM IN FULL FRONT & BACK, I WISH TO ENROL MY CHILD \_\_\_\_\_ WITH ACT ONE & ITS AGENCY FOR ONE YEAR

(September 2008 – May 2009 – please try to attend every class especially during rehearsal times)

I ENCLOSE: (please fill in the fee you are including) \_€\_\_\_\_\_

**NB: ALL FEES ARE NON REFUNDABLE**

**I am also signing up for Speech/Audition Technique class beginning also on Sept 26<sup>th</sup> and including the course fee of €100 (exam fees extra to be paid during term) please tick if yes \_\_\_\_\_**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_