



ACT ONE Theatre School

93 Abbeyfield, Milltown, Dublin 6

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

Saturdays beginning Sept 26th 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 26th and including the course fee of €100 (exam fees extra to be paid during term) please tick if yes _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____