

FRANCES' SCHOOL OF DRAMA – FSD
REGISTRATION FORM

CONFIDENTIALITY :

Details on this form will be held securely and only be shared with those mentioned on the Frances' School of Drama Privacy Policy

NAME OF STUDENT: _____

ADDRESS: _____

POST CODE: _____

GENDER: _____

ETHNICITY: _____

DATE OF BIRTH: _____

CURRENT SCHOOL YEAR: _____

CURRENT SCHOOL ATTENDING: _____

MOTHER'S NAME: _____ TEL. NUMBER: _____

ADDRESS, if different from above _____

EMAIL: _____

FATHER'S NAME: _____ TEL. NUMBER: _____

ADDRESS, if different from above _____

EMAIL: _____

NAME OF PERSON ALL CORRESPONDANCE TO BE SENT TO _____

NAME OF ALTERNATIVE ADULT who can be contacted in an emergency: _____

TELEPHONE NUMBER OF ALTERNATIVE ADULT: _____

RELATIONSHIP TO CHILD OF ALTERNATIVE ADULT: _____

MEDICAL INFORMATION

Please give details of any illnesses, allergies or difficulties: _____

Please give details of any medication required: _____

NAME OF DOCTOR: _____

ADDRESS: _____

POSTCODE: _____

TEL. NUMBER: _____

CONSENT INFORMATION

I give my consent that if an emergency medical situation arises, Frances' School of Drama may act as loco parentis and if required First Aid and/or other medical treatment may be administered.

YES /NO

PARENTAL CONSENT FORM

STUDENT IMAGES

At times we do take photographs of the children. These images may be used in printed publications such as programmes, the prospectus and other advertisements for the school such as on flyers, posters, magazines and local papers . They may be used digitally on the Frances' School of Drama's website and our other social media sites.

Sometimes the students may take part in high profile events, where the media may take photographs or film footage. The children's images may then appear in national or local papers or on an approved website.

Please indicate below where you give consent.

I give permission for my child's photo/video to be used within the school website **YES /NO**

I give permission for my child's photo/video to be used on the school social media sites **YES /NO**

I give permission for my child's photo to be used in other printed/digital publications **YES /NO**

I give permission for my child to have live performance/group/class photographs to be taken. I understand these can be purchased by parents **YES /NO**

I give permission for my child to appear in the school's production DVD. I understand this can be purchased by parents **YES /NO**

I give permission for my child's photo to appear in the media including digital media **YES /NO**

LICENSE TO PERFORM

Before each production, I give permission for my child's name, address, date of birth and school to be forwarded to Essex County Council in order to obtain a Body of Performance License **YES /NO**

EXAMINATIONS

I give permission for my child's name, date of birth, gender and ethnicity to be given to LAMDA when entering examinations **YES /NO**

TRIPS Trips and visits will require an additional consent form to be completed

MARKETING AND FUND RAISING We will inform you about all school- based events and information by email

DIRECT MARKETING We will email you information provided to us by other organisations that you may find useful to your child, regarding performing opportunities, workshops and trips.

This document will be retained in secure files. Consent to any of the above can be withdrawn by parent /carers. Please provide the school with written confirmation that you wish to withdraw your consent and to which area this is in relation to.

SIGNATURE OR PARENT: _____

PRINTED NAME OF PARENT: _____ DATE: _____

