



APPLICATION TO JOIN CAMS HILL ACTING ACADEMY

Name of Child Current Year Group

Please indicate which school the pupil attends

Home
Address.....

.....
.....

Postcode

Emergency Contact Telephone Number(s)

Email address
[This email address may be used to confirm your successful application or otherwise. Please contact Mr Murton, Head of Drama/CHArts on 01329 231641 if necessary]

Medical conditions of which we should be aware
.....
[Even if the pupil is a member of Cams Hill School]

In the event of your application being unsuccessful please indicate if you would like to be added to a waiting list for future application [membership is to be applied for each term].

.....

Please enrol my son/daughter in Acting Academy. I enclose payment of £45.

Cheques payable to Cams Hill School

Signed: (Parent/Guardian) Date

Please return this form and payment to the Main Reception or Pupil Reception at Cams Hill School in a sealed envelope marked "Acting Academy" by **Monday 12 September 2011**. **Cheques should be made payable to Cams Hill School.**