

**APPLICATION TO JOIN CAMS HILL ACTING ACADEMY**

Name of child: ……………………………………………………….……… School year group in September 2018: …..………..

Please indicate which school the pupil attends: ………….……………………………………...…………………..………….………

Home Address: ………………………………………………………………………………….…...…………………………………………..………

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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, Teacher of Drama on 01329 231641 if necessary]*

Medical conditions of which we should be aware: ……………………….…………………………………………………………….

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*[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 [application for membership is required for each term].

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Please enrol my son/daughter in Acting Academy. I enclose payment of £45/\*I have paid online.

**Cheques should be made payable to Cams Hill School**

Signed: *(Parent/Carer)* ………………………………………….....………………………. Date ………………………………………………

*[Please return this form and payment to Main Reception or the post box outside Resources at Cams Hill School in a sealed envelope marked 'Acting Academy'* ***by Monday 21 January 2019 for the first session on Wednesday 23 January 2019. Cheques should be made payable to Cams Hill School.***

***\* If your child attends Cams Hill School you may pay online at*** [***http://www.scopay.com/camshill-hants***](http://www.scopay.com/camshill-hants)*]*