

APPLICATION TO JOIN CAMS HILL ACTING ACADEMY

Name of child:	School year group in September 2019:
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 success Mr Murton, Teacher of Drama on 01329 231641 if necess	ssful application or otherwise. Please contact
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 ple waiting list for future application [application for mem	
Please enrol my son/daughter in Acting Academy [membership Cheques should be made pa	o is termly]
Signed: (Parent/Carer)	Date
[Please return this form and payment to Main Reception or t sealed envelope marked 'Acting Academy' by Wednesday 8 J January 2020. Cheques should be made payable to Cams Hi	lanuary 2020 for the first session on Wednesday 15

^{*} If your child was a member of Acting Academy this autumn term, you may pay online at http://www.scopay.com/camshill-hants

^{**}If paying online, we still require the handing in of a new term's application form before the application can be processed.