



APPLICATION FORM



NAME OF STUDENT.....

ADDRESS.....

.....POSTCODE.....

HOME TEL NO..... AGE..... DOB

SENIOR SCHOOL

BALLYEARL SATURDAY 10.00 – 1.00

ANTRIM SATURDAY 2.30 – 5.30

LISBURN SATURDAY 10.00 – 1.00

BELFAST TUESDAY 4.30 – 7.30

JUNIOR SCHOOL

10.00-11.55

2.30 – 4.25

10.00 – 11.55

4.30 – 6.35

PARENT/GUARDIAN.....

MOBILE NO.....EMAIL.....

EMERGENCY CONTACT

HOME TEL NO MOBILE NO.....

RELATIONSHIP TO STUDENT

APPLICANT'S PREVIOUS STAGE OR RELEVANT EXPERIENCE

There are no entry auditions: places are allocated strictly on a first come, first served basis.

.....

.....

Musical instrument(s) played and most recent grade(s) passed

.....

.....



STUDENT'S NAME

THE FOLLOWING DETAILS WILL BE KEPT STRICTLY CONFIDENTIAL

MEDICAL INFORMATION

If there is any medical condition of which Starburst Theatre School teachers should be aware, please give details below, including information about any allergies.

.....
.....

DECLARATIONS

Please add name of student and delete as appropriate

I give/do not give permission for photographs of to be taken and used for the purpose of advertising.

I give/do not give permission for to participate in Starburst Theatre School productions.

(For any performance outside normal school hours consent forms will be issued.)

In the event of the teachers of Starburst Theatre School being unable to contact any adult named on this form I give/do not give consent for emergency hospital treatment for should the need arise.

(I wish/do not wish’s name to be placed on a waiting list.)

Signature

.....
.....Date.....
.....

Starburst Theatre School will not disclose any information to third parties for marketing purposes.

Please return completed application form with cheque in order to secure a place.

Cheque should be made payable to Starburst Theatre School.

If a place is not available, cheque will be returned with an explanation.

Send to

**Karen Elliott
54 Oakglen
The Folly
Antrim
BT41 1JR**

TEL: 028 94428378

MOBILE: 07708 877239

