



# Newson Academy of Performing Arts



**LAMDA Performance Certificate in Speech and Drama**

**CRB Enhanced cleared teachers in Drama and Musical Theatre.**

**34 Regency Drive, West Byfleet, Surrey, KT14 6EN**

**Tel: 01932 403421 Mobile: 07956 266124**

**[joanne.newson@ntlworld.com](mailto:joanne.newson@ntlworld.com) [www.newsonacademy.co.uk](http://www.newsonacademy.co.uk)**

## Taster session Form

**NAME OF PUPIL** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**Parents/Guardian name** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **School year** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **School** \_\_\_\_\_

**In case of an emergency if we are unable to contact either of the above telephone numbers, than an additional contact would be helpful.**

**Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Telephone numbers** \_\_\_\_\_

**Medical conditions/ allergies/special educational needs**

\_\_\_\_\_

**Previous Drama/Dance/Singing experience/Schools attended & Exams taken**

\_\_\_\_\_

**I WOULD LIKE MY DAUGHTER/SON TO ATTEND THE FOLLOWING CLASSES**

**CLASS** \_\_\_\_\_ **DAY/TIME** \_\_\_\_\_

\_\_\_\_\_

### **Declaration**

**I hereby give permission for the student named above to attend “Newson Academy of Performing Arts” and participate in all activities.**

**Newson Academy will not pass on any of your details to a third party, they will be treated with the strictest of confidence.**

**RETURN ASAP TO SECURE YOUR CHILD’S PLACE**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_