

<b>Office Use only:</b>		<b>Date app rec'd:</b> <input type="text"/>	
<b>S/O Start date</b>	<b>Trial Date</b>	<b>Start Date</b>	<b>T's &amp; C's</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>GROUPS:</b>		<b>Ariels</b>	<b>Prospero</b>
		<b>Orsino</b>	<b>Tempest</b>
		<b>Hamlets</b>	<b>Othellos</b>
			<b>Othellos+</b>

**STUDENT APPLICATION FORM**

Please complete in BLOCK CAPITALS. Please also attach a passport size photo and send to the address at the end of the form

Please circle the desired school: **BURGESS HILL**      **CRAWLEY**      **EAST GRINSTEAD**  
**STEYNING**      **OTHELLOS**      **OTHELLOS (+) - adults**

**STUDENT DETAILS:**

Please cross x **Male**  **Female**  **DOB:**

**SURNAME:** .....

**ALL FORENAMES** .....

**AGE:**    Years     Months

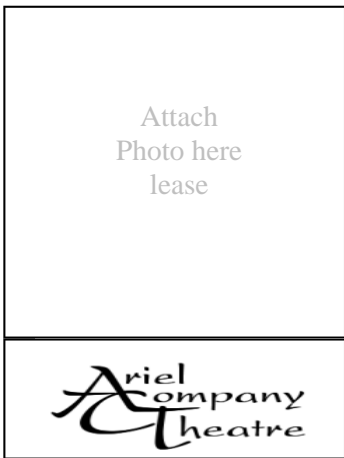
**ADDRESS 1** .....

**ADDRESS 2** .....

**TOWN** .....

**COUNTY** ..... **POST CODE** .....

**Home Telephone No** ..... **Mobile (Child)** .....  
*(Please include STD code)*



**E-Mail address** .....

**PARENT/GUARDIAN**

MR/MRS/MISS/MS/DR *(Please delete as appropriate)*

**SURNAME** ..... **ALL FORENAMES** .....

**ADDRESS** .....

**TOWN** ..... **POST CODE** .....

**CONTACT TEL NO:** ..... **MOBILE (Parent)** .....

Office Use only:

Contacted by NH

**STUDENT APPLICATION FORM**

**EMERGENCY CONTACT DETAILS**

MR/MRS/MISS/MS *(Please delete as appropriate)*      RELATIONSHIP TO CHILD .....

SURNAME .....      ALL FORENAMES .....

ADDRESS .....

TOWN .....      POST CODE .....

**MEDICAL INFORMATION:** (Please note any medical information as well as current medicines carried)

**PREVIOUS EXPERIENCE:**

**CURRENT SCHOOL**

**KNOWN FRIENDS  
AT ARIEL**