



Office Use only: Date app rec'd:

S/O Start date	Trial Date	Start Date	T's & C's

GROUPS:	Ariels	Prospero	Orsino	Tempest
		Hamlets	Othellos	Othellos+

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**
HAYWARDS HEATH **HORSHAM** **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)

How did you hear about us?

Office Use only:

Contacted by NH

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**