PERFORMING ARTS AT PENSBY

LIPA 4:19 ACADEMYASSOCIATE

APPLICATION AND CONSENT FORM

LIPA 4-19 ACADEMY ASSOCIATE

This form is to be completed by the Parent / Guardian. For the purpose of this form- student means the child / young person applying for the part-time academy.
Places are limited and will be offered on a first come first served basis.
Please read all sections carefully and complete all sections in BLACK INK using BLOCK CAPITALS.

Student details:

Surname: _____

Forename(s): _____

Address: _____

_____ **Postcode:** _____

Current school / college attending:

_____

Date of birth: _____ **Age:** _____ **Male / Female:** _____

Previous experience and qualifications: Please give details of any performing arts training or experience including school productions etc to date, giving results of any relevant examinations.

_____

_____

_____

_____

(Please continue on a separate sheet if necessary

Parent/Guardian:

Full name: _____ **Relationship to student:** _____

Address (if different from above):

_____

Postcode: _____ **Daytime telephone:** _____

Evening telephone: _____ **Mobile telephone:** _____

E-mail: _____

Course dates, times and fees:

Weekly classes take place on a Saturday from 9.30AM until 1PM. 1 hour is dedicated to each discipline.

Part-time academy classes are split into different age groups for 2015-2016 and are offered as follows:

7-9 year olds
10-12 year olds
13-16 year olds

Term fees for academy age groups are as follows for 2016-2017:
Term 1- £260 - September 17th-December 10th
Term 2- £260 – January 14th – April 1st
Term 3- £260 – April 22nd – July 8th

Early Start Academy classes are as follows:

4-6 year olds
10AM – 11:30AM – fees are £125 per 12 week term. A discount of 25% is offered at the application stage for second same/step family siblings.

Academy Early sign up discount - submit application form and pay fees for term 1 on or before Saturday 10th September and pay a reduced rate of £200. Fees are payable by cheque or cash and should be made payable to **Pensby High School**. Early sign up discount application forms and fees are to be handed into a member of the team clearly labelled with your details.

A discount of 50% is offered at the application stage for second same/step family siblings. Where the same/ stepsiblings do not live at the same address the consent of both parents/guardians to the use of this discount must be sought. There is only one discount per same/ step family.

We require four weeks' notice in writing of the withdrawal of any student. In the absence of this notice no refunds will be given.

Consent

Do you wish the student to be entered for outside casting opportunities?	Yes / No
And/or considered for referral to outside Theatrical Agencies and Promoters?	Yes / No

Are you willing for the student to have their photograph taken which may be later used in items of publicity for Performing Arts at Pensby or LIPA *4:19* including insertion on the website?

Yes / No

Medical details: All the information on this form will be treated confidentially. However, information may be passed on to relevant staff in the interests of the safety of the individual student.

Does the student suffer from any ailment or disability e.g. diabetes, epilepsy, asthma, hay fever or any other condition that will affect their training? Yes / No (please delete). If Yes, please give details:

Does s/he take any regular medication or is s/he receiving medical treatment at present? Yes / No (please delete). If Yes, please give details:

Is s/he allergic to anything e.g. antibiotics, aspirin, particular foods, insects etc? Yes / No (please delete). If Yes, please give details:

Does s/he have any special dietary requirements e.g. vegetarian, diabetic, religious etc? Yes / No (please delete). If Yes, please specify:

Declaration by parent / guardian:

I declare that the information on this form is correct and I hereby apply for a student place at **Performing Arts at Pensby** I agree to pay the required term fees by the first session of each term as detailed in the Terms and Conditions and I agree to **Performing Arts at Pensby** retaining the personal data from this application form for administration purposes and I understand that where consent has been given, this information may also be used for casting and/or publicity purposes. I also agree to abide by **Performing Arts at Pensby** Terms and Conditions, which I have read fully and understood.

Name: _____ Signature: _____

Date: _____

Please return the completed Application and Monitoring forms to: **4-19@psf.wirral.sch.uk** **or FAO Performing Arts at Pensby C/O Pensby High School reception.**

How did you hear about us?

- ☐ Article/Advert in Newspaper
- ☐ Attended school
- ☐ Friend/Relative
- ☐ Website
- ☐ Summer School
- ☐ Picked up flyer
- ☐ Other- Detail: _____

MONITORING FORM

Ethnic origin

Please tick the box which best describes the student's ethnic origin:

- ☐ White – British
- ☐ White – Irish
- ☐ Other White Background
- ☐ Black Caribbean or Black British Caribbean
- ☐ Black African or Black British African
- ☐ Other Black Background
- ☐ Asian Indian or Asian British Indian
- ☐ Asian Pakistani or Asian British Pakistani
- ☐ Asian Bangladeshi or Asian British Bangladeshi
- ☐ Chinese or Other Ethnic Background
- ☐ Other Asian Background
- ☐ Mixed – White/Black Caribbean
- ☐ Mixed – White/Black African
- ☐ Mixed – White/Asian
- ☐ Other Mixed Background
- ☐ Other
- ☐ Information Refused

Disability

Please tick the box which best describes the student's status with respect to any disability and/or health condition expected to last 12 months or longer:

- ☐ No Known disability
- ☐ Dyslexia
- ☐ Blind/partially sighted
- ☐ Deaf/have a hearing impairment
- ☐ Wheelchair user/have mobility difficulties
- ☐ Personal care support
- ☐ Mental health difficulties
- ☐ Multiple disabilities
- ☐ Unseen disability, e.g. diabetes, epilepsy, asthma
- ☐ A disability not listed above

Please return this Monitoring Form with your Application Form.
Because we are committed to widening access to our courses, it is important that we monitor who is applying to LIPA. This section will be detached from your application form.