Orchard Junior

Magicworld Theatre School

Academy of Theatre Arts

**Magicworld Application Form**

**Please complete this form and the payment options on the reverse, then send to: Magicworld Theatre, 15 Amberslade Walk, Dibden Purlieu, Southampton, So45 4NW**

**STUDENT DETAILS**

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Surname Forenames Sex M / F

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Home Tel Mobile Tel

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Date of Birth Email

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Age Academic School

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**Second Student Details – if applicable**

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Surname Forenames Sex M / F

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Age Academic School

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**PARENT OR GUARDIAN**

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Relationship to Student

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**ALTERNATIVE/EMERGENCY CONTACT**

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Surname Forenames

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Relationship to student

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Home Tel Mobile Tel

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**MEDICAL**

**Are there any medical/health problems that we should be aware of for your child?**

**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­**Please turn over for payment options**

Orchard Junior

Magicworld Theatre School

Academy of Theatre Arts

**Magicworld Re-enrolment form**

**Please choose from one of the following payment options, put a tick in the box to indicate.**

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**Option One – Full Payment**

If you choose this option, the full payment of £170 needs to be paid by cash or cheque before the start of term.

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**Option Two– Part Payment**

If you choose this option the amount is divided into two payments of £90. The first payment of £90 must be paid before the start of term. The second payment of £90 must also be received before the start of term in the form of a post dated cheque (this date will be the Thursday of half term).

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**Option Three – Full Payment for two**

This option is only available for siblings or children who live at the same address. The price for each child is £142.50 making the total £285 for both. Full payment needs to be paid by cash of cheque before the start of term.

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We only except cash or cheque payments and these must be received before the start of term in order to secure your child’s place at the school.

Cheques should be made payable to Magicworld Theatre and sent, enclosing this form, to: Magicworld Theatre, 15 Amberslade Walk, Dibden Purlieu, Southampton, SO45 4NW

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**DECLARATION BY PARENT/LEGAL GUARDIAN**

I declare that the information given in this application is correct and hereby agree for my child to attend the Magicworld Theatre School.

Signed Relationship to Student

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**During the theatre school we may be taking photos for our new website and prospectus. Please tick the box below if you do not want your child to be in these pictures. If the box is left blank we will assume we have your consent.**

**Magicworld Theatre School, 07748595541/02380841221**

**magicworldtheatre@ymail.com****,** [**www.magicworldtheatre.weebly.com**](http://www.magicworldtheatre.weebly.com)

**MAGICWORLD, 15 AMBERSLADE WALK, DIBDEN PURLIEU, SOUTHAMPTON, SO45 4NW**