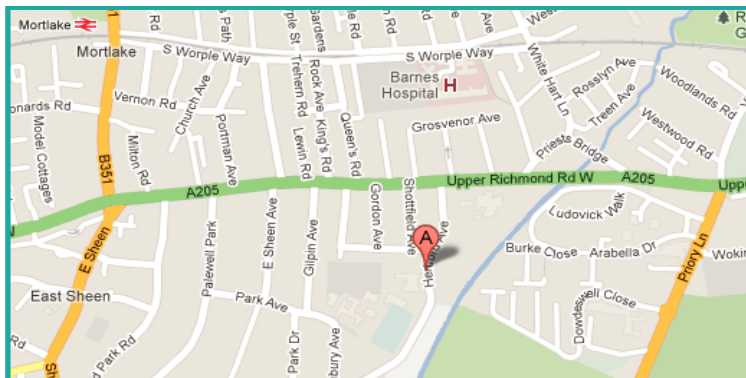


## GENERAL INFORMATION

Shene Stage School operates weekly on a Saturday morning, from 10 am to 1 pm.



## LOCATION



Richmond Park Academy  
Hertford Avenue  
London, SW14 8RG  
Tel 07885 431 684

[info@shenestageschool.com](mailto:info@shenestageschool.com)  
[www.shenestageschool.com](http://www.shenestageschool.com)

## STUDENT APPLICATION PACK

Richmond Park Academy  
Hertford Avenue  
London, SW14 8RG  
Tel 07885 431 684

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[www.shenestageschool.com](http://www.shenestageschool.com)

**STUDENT DETAILS**

First Name/s ..... Surname ..... Sex M/F\*  
Delete as appropriate

Address .....  
.....

..... Post Code .....

Home Tel ..... DOB .....

**PARENT OR GUARDIAN**

Mr/Mrs/Ms/Miss First Name/s ..... Surname .....

Relationship to Student ..... Email .....

Address .....  
.....

..... Post Code .....

Tel: Home / Work..... Mobile.....

**EMERGENCY CONTACT DETAILS**

Mr/Mrs/Ms/Miss Firstname/s ..... Surname .....

Relationship to Student ..... Email .....

Address .....  
.....

..... Post Code .....

Tel: Home / Work..... Mobile.....

**MEDICAL**

Is there any medical condition or other circumstances of which you would like the school to be aware? YES/NO\* If YES, please give details.

Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a child to participate in classes without danger to their health and, in the event of a medical emergency, to be provided to the emergency services

**DECLARATION BY PARENT / LEGAL GUARDIAN**

I .....being the PARENT/LEGAL GUARDIAN\* of .....

declare that the information given in this application is correct and I understand that Shene Stage School reserves the right to restrict admission at its own discretion.

The Personal data included in this form will be “Processed” (as such terms are defined in the Data Protection Act 1998) by Shene Stage School for the purposes of administration and the provision of teaching services. Shene Stage School will not disclose this information to third parties for marketing purposes.

By signing this form you are deemed to consent to the use of such personal data for the above purposes

Signed .....

Date ..... Relationship to Student .....