

**New End Theatre**  
Academy of Performing Arts

Please attach  
a photo of the  
applicant

**Student / Parent / Guardian Details**

Name of Student

Date of Birth

 

Age

Address

Post Code

Contact Phone Number

Home

Mobile (Student's)

Mobile (Parent / Guardian's)

Email address

**Emergency Details**

Name of Person to Contact

Address to Contact

Post Code

**New End Theatre** 27 New End Hampstead London NW3 1JD

**Ticket Sales** +44 (0) 870 033 2733 **Administration** +44 (0) 20 7472 5800 **Fax** +44 (0) 20 7794 4044

**Email** [briandaniels@newendtheatre.co.uk](mailto:briandaniels@newendtheatre.co.uk) **Website** [www.newendtheatre.co.uk](http://www.newendtheatre.co.uk)

Emergency Contact Numbers


Health Details

Student's Name

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Medical Conditions  
e.g. Asthma

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Medication / Instructions

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Allergies

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Support / Educational Needs

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**Declaration**

I, the parent / guardian of the above named student agree to the terms and conditions as set out in the information and guidelines enclosed with this application form and agree to my child's participation.

Signature of Parent

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**Release Form**

*(Complete as appropriate)*

I am the parent / guardian of the student named below and I consent to that student being released from the care of the New End Theatre during breaks and at lunchtimes (where relevant).

The student named below is also permitted to leave the premises at the end of each day without having to wait for an approved adult to collect them.

Student Name

Parent / Guardian's Name

Parent's Signature

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Date

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**Approved Adult Information**

The student named below may be collected from the Academy by the following approved adults.

Student Name

Each approved adult will be required to sign this form and will be required to sign on collection of the above named student. No student other than those with a signed release form will be released to adults who are not listed below or to adults whose signature does not match.

Name

Signature \_\_\_\_\_

Name

Signature \_\_\_\_\_

Name

Signature \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

**Photograph and Film Release Form**

*(Complete as appropriate)*

I am the parent / guardian of the student named below and I consent to that student being filmed (please tick)  and photographed (please tick)  under supervision of the Academy Coordinator as part of Academy classes and performances. Photographs and film taken of Academy students will only be circulated amongst parents/guardians of Academy students, with one copy being kept for the theatre archive. They will not be circulated to any other parties without parent/guardian consent. Names will not be attached to any photographs that are placed on the theatre's website.

If you DO NOT consent to photographs and film being used for publicity purposes, including by the press and on the theatre's website, please tick here

Student Name

Parent / Guardian's Name

Parent's Signature

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Date

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## New End Theatre

### Behaviour and Conduct Agreement

I, the student named below, agree to conduct myself in a professional and well behaved manner at all times during the Academy.

I understand that the creative team will explain what they believe to be professional behaviour.

I also understand that if I should behave in a way that is felt to be inappropriate I may be asked to leave the Academy.

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Student Signature

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Parent / Guardian Signature

### **COST OF CLASSES PER TERM**

Junior Academy (5-9 years) £ 170 per pupil

Senior Academy (10-14 years) £370 per pupil

Please post to:

Academy Coordinator  
New End Theatre  
27 New End  
London NW3 1JD