

Do you have a medical condition we should be made aware OF?

NO: ……………………….

Yes: (Please state) ………………………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………….

If you would like to discuss this matter further, a member of staff is available at all times.

CONDITIONS OF ENROLMENT

1. Pupils enrolled for the part time courses are required to obey the rules and conditions of the academy.
2. Any pupil unable to attend class should notify the office on 01483-568070.
3. The directors do not accept responsibility for money or articles lost on the premises.
4. The directors reserve the right to amend or alter the rules and conditions of Italia Conti at any time.
5. The directors reserve the right to alter fees and classes without prior notice.
6. The directors reserve the right to ask a pupil to be removed from the course for any of the following reasons
7. lack of response to training.
8. misbehaviour, lack of respect to staff or other pupils, wilful damage.
9. poor attendance
10. breach of any rules and regulations of Italia Conti
11. late or non-payment of fees
12. In the event of an epidemic, national crisis or any circumstances over which the directors have no control, fees will not be returned or any compensation made whatsoever.
13. Parents and associates are only permitted to watch classes during the final week of term and then at the head of the school’s discretion.
14. still or video pictures may be taken of training, promotion or show productions.
15. Pupils are required to wear the official Italia Conti Associates uniform for ALL classes.

I confirm that I have read and agree to the conditions of enrolment.

I understand that fees are payable on or before the first day of each term.

In the event of withdrawal, I agree to give one term’s notice of such intension, in writing or pay the equivalent of one term’s fees in lieu.

In the event of late payment Italia Conti may charge interest at the rate of 3% over the current base lending rate as published by Lloyds PLC, plus an administration cost of £10.00

Signature of parent/guardian: …………………………………………………………………………………………………

signature of student if over 18 years: ………………………………………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | TIME | GRADE |  |
| acting |  |  |  |
| ballet |  |  |  |
| modern |  |  |  |
| musical production |  |  |  |
| singing |  |  |  |
| street dance |  |  |  |
| tap |  |  |  |

|  |
| --- |
| PLEASE STATE HOW YOU HEARD ABOUT THE ARTS CENTRE: |

Classes are held at our duel complex centre

**Italia Conti Arts Centre**

 **221 Epsom Road Lime Quarry Mews**

 **Merrow Guildford GU1 2RE Merrow Guildford GU1 2RE**

**01483 568070**

Have you has any previous dance, singing or drama training?

Please state school:

Examinations and results obtained:

(Balllet, Tap, L.A.M.D.A etc.)

Telephone Numbers

HOME:

WORK:

MOBILE:

EMAIL:

 IN CASE OF EMERGENCY, PLEASE INFORM US WHEN YOU UPGRADE YOUR TELEPHONE, THANKYOU.

Name (in full):

ADDRESS:

DATE OF BIRTH:

PLEASE TICK THE SUBJECTS YOU REQUIRE: SATURDAY ……… TUESDAY……….

Acting …... Ballet …... Modern …... Musical Production …... Singing …... Hip Hop …... Tap …...

Please ask for details on our TEEN FOUNDATION & PROFESSIONAL COURSES



221 Epsom Road Merrow Guildford Surrey GU1 2RE

Telephone: 01483 568070

APPLICATION FOR PART TIME COURSE

Please complete in BLOCK CAPITALS

Please tick the term you wish to commence: SPRING: .................. SUMMER: ......... AUTUMN: ..........

*Please attach a current photograph*