



# Newson Academy of Speech & Drama



Jo Anne Newson BA Hons LAMDA P Cert Lam Speech & Drama

## Registration Form

Please complete the sections below and the medical form on the reverse.

Sign to confirm that you have read and understood the Newson Academy of Speech & Drama Terms & Conditions.

Return the completed form to the class teacher or post to:

Joanne Newson, 34 Regency Drive, West Byfleet, Surrey KT14 6EN

### Section A: To be completed by Parent/Guardian

Parent/Guardian/ Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

In case of emergency/Next of kin Contact name and phone number

Please tick which class and venue interested in.

### Section B: Classes

Which classes would you like to book? We offer multi class discounts & sibling discounts.

Payment of Fees: After registration you will be invoiced each term which will include all the payment details.

#### Wednesdays – New Haw Community Centre KT15 3ND

4.00 – 4.45 Infant Speech & Drama Years 1 to 3

5.00 – 5.45 Junior LAMDA Acting Years 4 to 6

6.00 – 7.00 Senior LAMDA Acting Years 7 to 9

#### Wednesdays – New Haw Community Centre KT15 3ND

4.00 – 4.45 Junior Musical Theatre Years 3 to 6

5.00 – 6.00 Senior Musical Theatre Years 7 to 9

6.15 – 7.15 Senior Musical Theatre Years 10 to 13

#### Fridays – New Haw Community Centre KT15 3ND

4.00 – 5.15 Infants Musical Theatre Years 1 to 3

5.30 – 6.45 Junior Musical Theatre Years 3 to 6





Please complete all sections below, sign the consents and provide details of an additional person to contact in an emergency. Incomplete forms will be returned.

### Section C: Medical Details

List all known medical conditions and medication required including **Allergies** (Food/Drug), **Medical Conditions** (Asthma, Epilepsy, Diabetes etc) and **Behavioural/Psychological Conditions** (Dyslexia, Dyspraxia, Aspergers, ADHD etc).

Please include any other information about your child that may affect your child's class experience.

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### Consent to General Treatment & First Aid

I give consent for my child to receive any necessary health care and first aid whilst under the care of NASD. Where appropriate my child may be given non-prescribed medicines to treat minor illness or injury. These may include Paracetamol, Ibuprofen, or Piriton. I understand that essential medical information will be shared with the relevant school staff and carers. I understand that it is my responsibility to inform the school of any new medical conditions and health needs. Unless notification is received, the school is entitled to consider that the information in this Confidential Medical Form is correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (please print clearly) \_\_\_\_\_

### Please provide an additional contact in Case of Emergency

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Contact number(s) \_\_\_\_\_

Admissions & Class Enquiries: Jo Anne Newson [joanne@newsonacademy.co.uk](mailto:joanne@newsonacademy.co.uk) 07956 266124

Admin & Exam/Festival Enquiries: Viki Showell [admin@newsonacademy.co.uk](mailto:admin@newsonacademy.co.uk)

Marketing & Media: Joanna King [marketing@newsonacademy.co.uk](mailto:marketing@newsonacademy.co.uk)