



ENROLMENT FORM

1. SELECT ACTIVITY (please tick)

- Drama Musical Theatre
 Screen Acting Creative Play

2. COMPLETE DETAILS

Students Name _____

Date of Birth _____ Age _____

School _____ Year _____

Parents Full Name 1 _____

Parents Full Name 2 _____

Address _____

_____ Post Code _____

Home Phone _____

Mobile _____

Parents Email _____

Students Email _____

Medical or Behavioural Conditions/Special Considerations

Does your student have an immediate family member already enrolled in Drama School?

Please tick YES NO

Family members name _____

Workshop Name:

1. _____
2. _____
3. _____
4. _____

How did you hear about Drama School?

Emergency contact _____

Phone _____

3. PAYMENT OPTIONS (please tick)

- * Please call us first to ensure availability before making payment.
- * Enrolments will only be accepted with full payment.

Cash

Cheque

Please make payable to Hunter Region Drama School and provide with your booking form.

Internet Banking:

Please use your child's full name as payment reference.

BSB: 062 821

Account Number: 10169630

Account Name: Hunter Region Drama School

4. DISCLAIMER

I have read, understood and agree to the Terms and Conditions outlined in the Hunter Region Drama School Welcome Induction Booklet.

Signed _____

Parent/Guardian _____

Date _____