

# DRAMA

## Drama Schools 2019

Easter (£165 per child for five days)

4–8 April

Summer (£165 per child for five days)

1–5 July

Time

9.30am – 4.00pm

### APPLICATION FORM

I would like my child/children to attend the GWC Drama School(s)

Child's Name	D.O.B	Class 2018/19	Easter <i>(please tick)</i>	Summer <i>(please tick)</i>

Please tick if NOT a GWC pupil

I wish to pay with Child Care Vouchers (CCVs):

(GWC pupils only, please tick, if applicable)

Amount £

#### Contact Details

Home Address	Alternative Emergency Contact Details <i>(including relationship to child)</i>
Postcode	
Home Telephone Number	Family Doctor and Contact Details
Mobile Telephone Numbers <i>(including relationship to child)</i>	
Preferred email Address <i>(please print)</i>	

#### Payment Method (Please tick)

<input type="checkbox"/>	<b>GWC Pupils</b>	<input type="checkbox"/> Charge to Extras Account <input type="checkbox"/> Pay by CCV (for Children up to 16 yrs)	School accounts team will email to advise of payment date and amount to be deducted
<input type="checkbox"/>	<b>Non GWC Pupils</b>	Payment to be made by Bank Transfer to the School	School accounts team will email your invoice with account details to make payment

**Name of Parent/Guardian:**

**Signature of Parent/Guardian:**

**Date:**

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### CONSENT FORM

PLEASE RETURN TO THE DRAMA DEPARTMENT AT LEAST ONE WEEK BEFORE THE SCHOOL

Consent for Name: \_\_\_\_\_ Form: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

(please tick)

  

Easter Thursday 4 April – Monday 8 April (P5–S3)

Summer Monday 1 July – Friday 5 July (P5–S3)

I agree to the above mentioned child taking part in the activities connected with Drama Easter and/or Summer Schools, under the supervision of Mr Craig Serrels and his staff, as authorised by the Principal. This consent form covers all events associated with the above activity.

The medical information, the address and telephone number of the child's doctor will be passed to the staff in charge of the activity. The information provided is required for passing to medical professionals in the case of an emergency.

It is important that the activity leader is aware of all medical and other factors which may be relevant for the above activity. Please give details of such information below, including any current medication. Wherever possible, senior school children are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact Miss Alice Culpin on 0131 446 6057 or email [a.culpin@gwc.org.uk](mailto:a.culpin@gwc.org.uk).

Relevant medical information (including details of dosage and timings of any medication they need to take).

#### Consent

	YES	NO
I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.		
I give permission for my child to be filmed and/or photographed at the camp. These pictures may be used across all official school channels including website, social media and printed publications in accordance with the school's data handling protocol.		

**Name of Parent/Guardian:**

**Signature of Parent/Guardian:**

**Date:**