

ROCKSCHOOLS

Student Registration Form 2018-19

Towcester Rockscool

Name..... **Date of Birth**.....

Home Address.....
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Post Code..... **Home Tel No**.....

Parents/Carers Names.....

E-mail Address.....

Mobile Nos.....

School/College.....

Doctor.....

Details of any medical conditions/special educational needs:

Medical Condition/SEN.....

Is the student taking regular medication YES/NO? If yes, please give details.....

Does the student suffer from any allergies YES/NO? If yes, please give details.....

Photography

Please note that Rockschoools may use photographs of bands for display and publicity purposes. By completing this form you are consenting to this.

Parent/Carer

Online Payment Amount Date.....