



## Studio Space Performing Arts Application Form

PLEASE COMPLETE IN BLOCK LETTERS & return, an invoice will then be sent

**Email:** enquiries@studiospacetheatreco.org.au  
**PO Box:** 416 Launceston 7250  
**Ph:** 0400002868  
03 6345 7333  
**Urgent enquiries Contact-** Gerard Lane -0412765320

### Student Details

<b>Surname</b>	_____	<b>First Name(s)</b>	_____
<b>Date of Birth</b>	_____	<b>Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Tele</b>	(M) _____	(H) _____	
<b>Address</b>	_____		
<b>Email</b>	_____	<b>Name of School Attending</b>	_____

### Enrolling

Venue 1  
Youngtown  
SATURDAYS  
11 Talune Street Youngtown  
Saturday 11am-1pm (ages 5-16)

### Parent/ Guardian Details

<b>Surname</b>	_____	<b>First Name(s)</b>	_____
<b>Tele</b>	(M) _____	(H) _____	(W) _____
<b>Address</b> (if different from above)	_____		<b>Postcode</b> _____
<b>Email</b>	_____	<b>Relationship to Student</b>	_____



## Studio Space Performing Arts Application Form

### Declaration

I declare that the information in this application is correct and I have read and agreed to abide by the terms and conditions of enrolment.

**Signature** (*Parent/ Guardian*) \_\_\_\_\_ **Date** \_\_\_\_\_

How did you first hear about **Studio Space Performing Arts School**?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Facebook      | <input type="checkbox"/> Television |
| <input type="checkbox"/> Internet      | <input type="checkbox"/> School     |
| <input type="checkbox"/> Word of Mouth |                                     |
| <input type="checkbox"/> Other: _____  |                                     |

### Performance Experience

*Please give details of any arts training or experience: State results of any examinations in Dance, Drama, Singing –also any experience in School Productions or other performing experience.*

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### Medical

Do you have a medical condition(s) or other circumstances that we should know about?

Yes  No

If yes, please give details

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## Studio Space Performing Arts Application Form

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### Terms and Conditions

- 1. I understand that one free trial class is available per student and that by enrolling I am waiving my right to a free trial class.*
- 2. I understand that places are limited and that in the event the class is oversubscribed my deposit will be returned to me.*
- 3. Studio Space reserves the right to exclude students whose behaviour is disruptive.*
- 4. Studio Space accepts no liability or responsibility for any injury sustained by the student that arises from participation in any activity connected with Studio Space.*
- 5. I authorise the staff my consent, where it is impracticable to communicate with me, to authorise whatever medical or surgical treatment as may be deemed necessary.*
- 6. NUT FREE POLICY –Studio Space has a nut-free policy at all venues. Students are asked not to bring any food containing nut products to classes and performances. We also ask students not to share food. Parents are requested to inform Studio Space in writing of any allergies their child may have.*
- 7. I authorise Studio Space to use photographs/video taken during classes/performances for promotional purposes only.*
- 8. If students cancel prior to the commencement of term then the deposit is forfeited. When cancellation is received prior to the commencement of the term Studio Space reserves the right to try & fill this spot with a new student at their discretion. If the place is filled with a new student prior to the commencement of term Studio Space will refund the balance of the deposit minus a non-refundable \$50 administration fee. The administration fee is non-refundable under any circumstances.*
- 9. Balance is due no later than first day of term. No refunds of deposit or balance are available once term has commenced.*
- 10. Refunds and make-up classes are not available if a student misses a class.*
- 11. I understand that Studio Space reserves the right to cancel classes that do not meet the enrolment quota. In this case a full refund will be given.*
- 12. Enrolment &/or attendance at Studio Space constitutes acceptance of the above terms & conditions.*



# Studio Space Performing Arts Application Form

## Payment Information

**Full Term Fee** - \$180 per child or  
\$160 per child for families with more than one child enrolled

*Term fees to be invoiced upon confirming a place after a trial. These will be sent via email or mail.  
Enrolments will be processed on a first come, first served basis.*

## Office Use Only

Student Name	_____	Contact details entered/updated	<input type="checkbox"/>
Parent Name	_____	Student Contact Detail form printed & filed	<input type="checkbox"/>
Date received	_____	Medical Conditions Entered	<input type="checkbox"/>
Enrolment confirmed with parent/guardian	<input type="checkbox"/>	Medical condition procedure actioned	<input type="checkbox"/>
Place Offered	Y <input type="checkbox"/> N <input type="checkbox"/>	Student Contact Detail form printed & filed	<input type="checkbox"/>
Deposit Received	<input type="checkbox"/>	Entered onto roll	<input type="checkbox"/>
Balance Received	<input type="checkbox"/>	Entered on Weekly Managers Checklist	<input type="checkbox"/>
Instalment Plan		Taken off Waitlist	<input type="checkbox"/>
Method of Payment			
<i>Cheque</i>	<input type="checkbox"/>		
<i>EFT</i>	<input type="checkbox"/>		
<i>Credit</i>	<input type="checkbox"/>		
<b>Instalment Plan Due Dates</b>			
	_____		<input type="checkbox"/>
	_____		<input type="checkbox"/>
Cost Code Entered	<input type="checkbox"/>		
Place Offered?	<input type="checkbox"/>		
Entered onto enrolment	<input type="checkbox"/>		
Entered onto Waitlist	<input type="checkbox"/>		

\_\_\_\_\_ Date of Birth \_\_\_\_\_



## Studio Space Performing Arts Application Form

### CONSENT FOR VIDEO AND PHOTOGRAPHY

Participant's Name \_\_\_\_\_  
Participant's Representative \_\_\_\_\_

### Privacy Act

St Giles (Studio Space Theatre Co) abides by the principals required under the Privacy act (2001) and respects your privacy and confidentiality in conducting our service. We will need your / your advocacy / carer's consent to hold personal details for our records, in order for us to conduct our service.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Privacy and Video

Studio Space needs your consent in order to photograph or video your child. I consent to photography/videoing of my child (*Please tick all that apply*)

- As part of your program within the Studio Space range of services
- Studio Space brochures, publications (e.g. Annual Report, Website and Displays).

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_