



Enrolment Form – Central Film School Summer Courses

First Name: **Last Name:**
Name shown as Passport:
Date of Birth:
Gender:
Nationality:
Address:
.....
City:
Postcode:
Country:
Tel:
Mobile:
Email:
Course Dates: From 05/07/2020 to 18/07/2020
 From 19/07/2020 to 01/08/2020
 From 02/08/2020 to 15/08/2020

Student Signature: **Date:**

Parental Consent Form - Central Film School Summer Courses

Name of Child **Date of Birth**

Parent/ Guardian

Address: **Postcode**

Tel

Mobile: **e-mail:**

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)

Please provide details of medication that must be administered:

Emergency contact details: (If different from above)

Name: **Telephone no:**

Relationship to child:



CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the program.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle organised by Central Film School to any event in which the program is participating.
- d) I consent to my son/ daughter to residing at supervised residence provided by Central Film School through the entire duration of the summer courses he is enrolled on
- e) I understand that the Central Film School programmes activities include a photography and film component in which my child will be photographed. I understand that these images will be used in printed promotional communications and/or on Central Film School website.

Signature (Parent/ Guardian) Date: