

THE BULWELL ACADEMY

Parental Consent Form

2021 - 2022



PLEASE COMPLETE AND RETURN THIS FORM TO :	Miss Crick: Rachael.crick@bulwellacademy.org.uk
BY:	ASAP

STUDENT'S DETAILS (Capital letters please)			
Student Name		Year	Date of Birth

ACTIVITY	Title	Shine Theatre Company
	Venue	The Bulwell Academy Room DG06
	Date & Time	Every Monday in term time – 3:00pm-4:15pm

CONSENT	I consent to my child taking part in the activities outlined above and understand that a high standard of behaviour and responsibility will be expected at all times	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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PHOTO CONSENT	I / We consent to my son/daughter being filmed, and photographs being taken during these sessions, and for photographs and films to be used by CET and The Bulwell Academy on social media channels. This is in addition to previous photo consents given to The Bulwell Academy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EMERGENCY CONTACT DETAILS			
In the event of an emergency, you will be contacted as soon as possible by the Academy. So that this can be done quickly, we require details of contacts whilst your child is taking part in these sessions.			
Contact 1		Contact 2	
Name		Name	
Relationship to Student		Relationship to Student	
Mobile		Mobile	
Alternative No.		Alternative No.	

Parent / Carer Signature: Date: