

Hereford College of Arts

Spring School 2010 Booking Form (Please Print Details)

15th Feb - 16th Feb 2010 (Booking Deadline 1st Feb)

Parent/Guardian Name			
Student Name		Year Group	
School Name			
Home Address and Post Code			
Home Telephone Number			
Parent/Guardian Emergency contact Number /Mobile Number			

Name of workshops chosen by your child (please put 1st and 2nd choice)

Drawing & Painting / Urban Art	<input type="checkbox"/>	Animation	<input type="checkbox"/>	Digital Photography	<input type="checkbox"/>
Fashion Design & Illustration	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Jewellery making	<input type="checkbox"/>
Film-making / Video Production	<input type="checkbox"/>	Music	<input type="checkbox"/>	Musical Theatre / Drama	<input type="checkbox"/>
Recycling Clothing & Accessories using Textiles	<input type="checkbox"/>	Ceramics	<input type="checkbox"/>		<input type="checkbox"/>

Please tick

I give permission for my son/daughter and/or their work to be photographed	<input type="checkbox"/>
If selected, I give permission for my son/daughter's work to be exhibited	<input type="checkbox"/>
I have read Health & Safety at Spring School and Site Rules information at the back of the brochure and accept the terms specified	<input type="checkbox"/>
I give my permission for my son/daughter to take part in Educational Visits accompanied by members of staff	<input type="checkbox"/>
I have completed the 'Health Information' section below	<input type="checkbox"/>

Health Information	YES/NO	Details
Has your son/daughter ever suffered from fits/epilepsy?	<input type="checkbox"/>	
Has your son/daughter ever suffered from asthma or other chest illnesses?	<input type="checkbox"/>	
Is he/she presently under medical supervision or taking tablets or medicine?	<input type="checkbox"/>	
Does he/she wear a hearing aid or have trouble hearing?	<input type="checkbox"/>	
Does he/she wear glasses or contact lenses or have trouble seeing?	<input type="checkbox"/>	
Is he/she registered disabled?	<input type="checkbox"/>	
Does he/she have any other health condition the College should know about?	<input type="checkbox"/>	

I have attached a cheque for £30 made payable to my son/daughter's school

Signature of parent/guardian	Date
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Please note:

- The cost of the course is non-refundable (except in exceptional circumstances)