

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION FORM IN BLOCK CAPITALS MAKING SURE YOU FILL IN ALL THE DETAILS AND SIGN THE RELEVANT T&C OF THE ACADEMY.

Date of interview/audition:

D.O.J.

School/Class:

T 020 8249 3299 F 020 8650 8365

E mail@hjaworld.com

W www.hjaworld.com



Please attach your passport photograph here

APPLICATION FORM

I WOULD LIKE TO ENROL MY CHILD TO CLASSES AT THE HERBERT JUSTICE ACADEMY OF THEATRE ARTS AND ENCLOSE MY ENROLMENT FEE OF £20.00, TOGETHER WITH MY APPLICATION FORM AND TWO PASSPORT SIZED PHOTOGRAPHS OF MY CHILD. (PLEASE MAKE CHEQUES PAYABLE TO THE HERBERT JUSTICE ACADEMY.)

SURNAME _____ FORENAMES _____

MALE/FEMALE _____ DATE OF BIRTH _____ AGE _____

HOME ADDRESS _____

_____ POSTCODE _____ HOME TEL NO. _____

MOBILE _____ WORK TEL NO OF PARENT/GUARDIAN _____

EMERGENCY CONTACT NO(s) _____

E-MAIL ADDRESS _____

SIBLINGS ALREADY ATTENDING STAGE SCHOOL: NAME _____

SCHOOL AND CLASS _____

MAINSTREAM SCHOOL ATTENDING _____

PLEASE INDICATE WHICH SCHOOL/CLASSES YOU WOULD LIKE YOUR CHILD TO ATTEND:

SATURDAY AM STAGE SCHOOL _____ SATURDAY PM STAGE SCHOOL _____

EVENING CLASSES: BALLET _____ TAP _____ JAZZ _____ A.T.A. _____ MODERN _____

IF YOUR CHILD HAS ALREADY TAKEN EXAMS IN DANCE, SINGING, MUSIC OR DRAMA, PLEASE INDICATE BELOW THE ASSOCIATION AND THE GRADE TAKEN.

PLEASE INDICATE ANY PREVIOUS EXPERIENCE (EG FORMER STAGE SCHOOL ATTENDED ETC)

I DECLARE THAT MY CHILD IS FIT AND ABLE TO TAKE PART IN CLASSES. (PLEASE INFORM US OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF. NO RESPONSIBILITY WILL BE TAKEN BY THE ACADEMY.)

MEDICAL CONDITIONS

I AGREE TO THE TERMS AND CONDITIONS OF THE ACADEMY AND AM AWARE THAT ONE CALENDAR MONTHS PAID WRITTEN NOTICE IS REQUIRED SHOULD MY CHILD WISH TO LEAVE THE ACADEMY.

SIGNED: PARENT/GUARDIAN _____ DATE: _____

PRINTED: PARENT/GUARDIAN _____ DATE _____

Office Use: Enrolment Fee Received _____ Cheque _____ Date _____ Initial _____

P.T.O.



The Herbert Justice Academy – AGENCY ENROLMENT FORM

FULL NAME _____ D.O.B. ____/____/____
TELEPHONE NO: HOME _____ MOBILE _____ WORK _____
HEIGHT: _____ FEET _____ INCHES COLOURING: HAIR _____ EYES _____ SKIN _____
ORIGIN _____ NATIONALITY _____
SKILLS & ABILITY – SHOW ANY GRADES ACHIEVED
(CONT. ON SEPARATE PAGE IF NECESSARY) – OTHERWISE LEAVE BLANK.
BALLET _____ TAP _____ MODERN _____ JAZZ _____ SINGING _____ DRAMA _____
OTHER _____ SPORTS PLAYED _____ LANGUAGES SPOKEN _____
UNUSUAL SKILLS _____

The Herbert Justice Academy Agency charges a commission at a base rate of 20% of all money earned. Please complete and sign the agreement below if you give permission for your child to be considered for professional work through the HJA Agency.

I (NAME PRINTED) _____ BEING PARENT/GUARDIAN
OF (NAME OF PUPIL) _____ ENROL MY CHILD TO THE
HERBERT JUSTICE ACADEMY AGENCY

I UNDERSTAND AND AGREE THAT THE HERBERT JUSTICE ACADEMY WILL RECEIVE A BASE RATE OF 20% FROM ALL MONEY EARNED THROUGH SAID AGENCY BEFORE ANY PAYMENT IS MADE TO US.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
PARENT NAME PRINTED _____ (UPDATED JAN 2014)

HJA TOUCH POLICY

As you are aware there are rules and regulations that our Academy teachers and staff adhere to regarding the application of our teaching methods and the general care of your children.

I felt it important to inform you that the Academy has a touch policy in place where the teaching of the pupils is concerned. This simply means that all our members of staff are allowed to touch the children (arms, legs, back, chest, head etc) when it is necessary within the confines of their teaching sessions. This is most important and most likely within the structure of the Evening classes as the teachers have to physically show the pupils precise positions within the syllabus in order for the students to know how to perform certain movements for their exams.

If you have any queries or concerns, please do not hesitate to ring the Academy office to discuss matters.

CONFIDENTIAL.

THE HERBERT JUSTICE ACADEMY – TOUCH POLICY.

(JAN 2014)

I HAVE READ THE ABOVE ADVISING ME OF THE ACADEMY TOUCH POLICY AND CONFIRM THAT I HAVE UNDERSTOOD THE IMPLICATIONS WITHIN.

NAME OF PUPIL _____ ACADEMY GROUP & CLASS _____

PARENTAL SIGNATURE _____ DATE _____

PARENT NAME (PRINTED) _____