# Description: Macintosh HD:Users:judithbrucegolding:Desktop:ROBS PAPERWORK:Slide1 copy.jpg

# RB Studios Summer Scheme Parent Form

**F.A.O. THE PARENT /GUARDIAN**

Please complete this form and return it as soon as possible to:

*J.Bruce at rbstudios001@gmail.com*

## Details of Summer Scheme Student (BLOCK LETTERS PLEASE)

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** |  |
| **Date of Birth** |  | **Gender (Male/Female)** |  |
| **Home Telephone No** |  | **Email Address** |  |
| **Home Address** |  |  |  |
| **Postcode** |  |  |  |

## Details of Summer Scheme Student

|  |  |
| --- | --- |
| **Dates of scheme:** | 5 – 8 August 12- 16 August 19 – 23 August (delete as appropriate) |

## Important Contacts

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact  (include relationship) | Alternative emergency contact  (include relationship) | Your Doctor’s Surgery |
| Name |  |  |  |
| Address |  |  |  |
| Tel./Mobile No. |  |  |  |
| Travel Permission (to and from summer school) | | | |
| Note to Parent / Guardians:  *RB Studios* are responsible for the welfare of the student during their Summer Scheme experience. Students are responsible for their own travel to/from the Summer Scheme. If the student is travelling unaccompanied to and from their summer school, please ensure a safe route is planned with them. | | | |
| Photograph Permission | | | |
| During the Summer Scheme there may be times when we need to take your son/daughter/ward’s photograph, both for security/administration and occasionally, for marketing purposes.  As the parent/guardian of a summer school student under the age of 18, we therefore require your permission to take photographs for these purposes.  Please delete as appropriate\*  **I AGREE\* / DO NOT AGREE\*** to the taking of photographs of my son/daughter/ward with respect to the purposes detailed above.  Signed ……………………………………………. Name………………………………………………  Relationship to the Student...…………………… Date…………………………………….…………. | | | |
| Medical Information  Please provide details below of any medical or health information that *RB Studios* would need to be aware of. Thank you. | | | |
|  | | | |
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| Please pay £120 (7 days before the placement date) to  JBG BC: Sort code: 20 08 44 Account no: 83917258 Ref: Student name  Thank you | | | |