

# Scandinavian International Theatre School

In association with



## STUDENT APPLICATION FORM

**Please complete and return to Kimberley Akester Essinge Brogata 7, 11261 Stockholm**

<b>STUDENT DETAILS</b>	
Surname: .....	Forenames: ..... Sex: M/F*                      *(delete as appropriate)
Address: ..... ..... Post Code: .....	
Home Telephone Number:	Mobile Number:
Date of Birth:	Age and school year:

How did you hear about SITS (New Students only)? .....
Which school does your child attend ..... .....

<b>PARENT OR GUARDIAN</b>	
Surname: .....	Forenames: .....
Address: ..... ..... Post Code: .....	
Daytime (Work) Telephone Number:	
Evening (Home) Telephone Number:	
Emergency/Mobile Telephone Number:	
Email:	
<b>Alternative Contact Number (Friend or Relative)</b>	
Name:	Relationship to Student:
Address: ..... ..... Post Code: .....	
Telephone Number:	

<b>Medical Conditions</b>
Are there any medical conditions or other facts that the school should be aware of? (If yes, Please give details)..... .....

Signed	Print name	Date
.....	.....	.....
Signing the above confirms that you have read and accepted SITS terms and conditions. This information is available on the SITS website <a href="http://www.sits-kids.com">www.sits-kids.com</a>		

<b>Payment Details</b>
A 2 week non refundable cash deposit of 600 SEK for new students must be paid on the first day of term. The remaining fee is payable either in cash or to Bank giro 5839-8306 by the 3 <sup>rd</sup> week of term. Please remember to include your child's name as reference when making the payment.