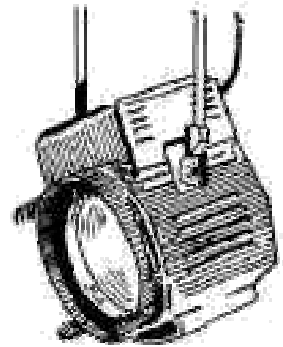


# Sydney Teenage Actors Studio

## Enrolment Form



Date: \_\_\_/\_\_\_/\_\_\_

Parent's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Current Age: \_\_\_\_\_

Mob Phone: \_\_\_\_\_

School (If applicable) \_\_\_\_\_

Prior Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions (Optional) \_\_\_\_\_  
\_\_\_\_\_

Class Enrolling in: \_\_\_\_\_

Where did you here about us? \_\_\_\_\_