

# STUDENT INFORMATION 2015 - 16



VA CLASS DAY & TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON 1st OCTOBER 2015 \_\_\_\_\_

MEDICAL/BEHAVIOURAL CONDITIONS (plus medication): \_\_\_\_\_

EMERGENCY CONTACT NAME AND TELEPHONE NUMBER: \_\_\_\_\_

I GIVE PERMISSION FOR THE ABOVE STUDENT TO BE PHOTOGRAPHED/VIDEOED FOR USE BY VIBE ACADEMY FOR WEB, SOCIAL MEDIA AND PROMOTION. (MUST BE SIGNED BY PARENT/GUARDIAN IF STUDENT IS UNDER 18)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE FEES FOR AT LEAST ONE TERM MUST BE PAID IN FULL ALONG WITH THIS FORM. IF YOU REQUIRE A RECEIPT PLEASE EMAIL:  
INFO@VIBE-ACADEMY.COM

POST COMPLETED FORMS TO: VIBE ACADEMY, 10 GLENBROOK AVENUE, BELFAST BT5 5JP.  
CHEQUES PAYABLE TO VIBE ACADEMY