

# The Educational Recording Agency Licensing Scheme

## ERA Licence Renewal 2026/2027



School Name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

*Please complete:*

Name of Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Number of pupils from your most recent census:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

(School Name) \_\_\_\_\_ undertakes to  
obtain its ERA Licence with effect from 1<sup>st</sup> April 2026

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

**AUTHORISED ON BEHALF OF** (School Name)

\_\_\_\_\_

**Please return this form to CEFM by either:**

**Email to: [era@cefm.co.uk](mailto:era@cefm.co.uk)**

**Or fax to: 01494 751427**

**Or post to:**

**ERA School Licensing Office**

**CEFM**

**M1A Mosquito Studios**

**De Havilland Court**

**Penn Street**

**Amersham**

**HP7 0PX**

Thank you for your assistance.