



COMPLETED FORMS SHOULD BE RETURNED TO: LH:TS, 5 LOVAT MEADOW CLOSE, NEWPORT PAGNELL, BUCKS, MK16 0HT

1 Child Information	CHILDS NAME	DATE OF BIRTH	AGE
	HOME ADDRESS		
	POSTCODE	TELEPHONE NUMBER	
	PARENT/GUARDIAN NAME		
	ADDRESS (IF DIFFERENT)		
	E-MAIL	TELEPHONE NUMBER	

2 Emergency Contact	CONTACT NAME	RELATIONSHIP TO CHILD
	HOME TELEPHONE	MOBILE TELEPHONE
	OFFICE TELEPHONE	E-MAIL
	<p>IN THE EVENT OF AN EMERGENCY THE ABOVE PERSON WILL BE CONTACTED. IF ANY OF THE ABOVE DETAILS CHANGE YOU MUST INFORM US, IN WRITING AS SOON AS POSSIBLE. PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR OTHER INFORMATION THAT YOU BELIEVE MAY BE RELEVANT IN AN EMERGENCY CLEARLY BELOW (PLEASE CONTINUE OVERLEAF IF REQUIRED). PLEASE SIGN AND DATE BELOW TO CONFIRM THE INFORMATION THAT YOU HAVE PROVIDED IS CORRECT AND THAT YOU HAVE READ THIS NOTICE.</p>	
SIGNATURE	DATED	

3 Classes							
PLEASE INDICATE THE CLASS(ES) THAT YOU ARE INTERESTED IN JOINING BELOW			PLEASE PROVIDE DETAILS OF ANY DANCE EXAMINATIONS PASSED (SEE EXAMPLE BELOW) PLEASE CONTINUE OVERLEAF IF NECESSARY				
<input checked="" type="checkbox"/>			Subject	Grade	Society	Result	Date
<input type="checkbox"/>	ISTD BALLET		Ballet	5	ISTD	A (85%)	April 2010
<input type="checkbox"/>	ISTD TAP						
<input type="checkbox"/>	ISTD MODERN						
<input type="checkbox"/>	JAZZ						
<input type="checkbox"/>	CONTEMPORARY						
<input type="checkbox"/>	POINTE WORK						
<input type="checkbox"/>	MUSICAL THEATRE						
<input type="checkbox"/>	SINGING CLASSES						
			PLEASE PROVIDE BRIEF DETAILS OF ANY OTHER THEATRICAL TRAINING, INCLUDING NAMES OF SCHOOLS/TEACHERS AND DATE(S) PREVIOUSLY ATTENDED				

4 How did you hear about us?	please write here e.g. website, yellow pages, through a friend....
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BY SIGNING AND RETURNING THIS FORM YOU ARE AGREEING TO COMPLY WITH THE SCHOOL TERMS AND CONDITIONS

OFFICE USE ONLY	CHILDS NAME	
START DATE AT SCHOOL	TERM	WEEK
CLASS 1	DEPOSIT	
CLASS 2	DEPOSIT	
INVOICE DUE	AMOUNT	PAID