



Registration Form

Please complete and return to the address below.

Pupil Name	
Date of birth	
Address	
	Post code
Parent's Names	
Telephone No.	
Email address	
Emergency Contact No.	

Please indicate below which discipline your daughter/son would like to attend:

Discipline	Please tick
Ballet	
Street Jazz	
Tap	
Drama	
Singing	
Gymnastics	

Does your daughter/son have any medical conditions of which we should be aware? If so please detail below:

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Signed Date