



Principal: Elisabeth Swan F.I.S.T.D.
 28 Prykes Drive, CHELMSFORD, CM1 1TP
 Email: office@theweston.dance Tel: (01245) 287638

Please complete and return the form below. Class suggestions / availability will be sent as soon as possible.

ADDITIONAL STUDENT(S)

ACCOUNT DETAILS to whom invoices for payment should be sent (to be completed by all applicants)

Account Ref: _____
 Surname: _____
 Email: _____

STUDENT DETAILS (to be completed ONLY where different to above)

Surname: _____
 Address: _____
 Postcode: _____ Telephone or Mobile: _____

FURTHER DETAILS (to be completed by all applicants)

	Student 1	Student 2	Student 3
Name:	_____	_____	_____
ISTD PIN (if known):	_____	_____	_____
Date of Birth or Adult:	_____	_____	_____
Male / Female:	_____	_____	_____
Ethnic Group:	_____	_____	_____
(please use ethnic grouping codes as printed over or below)			

****PLEASE COMPLETE AND SIGN THE MEDICAL DECLARATION OVERLEAF / BELOW ****

Please state the class reference(s) for the class(es) you / your children wish to attend:

Ballet:	_____	_____	_____
Modern:	_____	_____	_____
Tap:	_____	_____	_____
Jazz:	_____	_____	_____
Other:	_____	_____	_____

TERMS: I UNDERSTAND THAT NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING BEFORE THE FIRST DAY OF TERM OTHERWISE A FULL TERM'S FEES WILL BE CHARGED

Full terms and conditions are available upon request

Signed _____
 (self / parent / guardian)

OFFICE USE ONLY

A/C Ref: _____

Classes - Student 1:	//	DOE	/	/	<input type="checkbox"/>	P/W
	//	A/S	/	/	<input type="checkbox"/>	Weeks
Classes - Student 2:	//	U/F	/	/	<input type="checkbox"/>	Database
	//	Con	/	/	<input type="checkbox"/>	Register
Classes - Student 3:	//	Notes	_____	_____		
	//	_____	_____	_____		