

# THE DANCE STUDIO

843-845 Green lanes, London, N21 2RX.

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Fax: 020 8364 2009

*thedancestudio@btconnect.com*

## APPLICATION FORM

Please complete in **BLOCK CAPITALS** and return together with **£10.00** registration fee which will be deducted from your invoice. This enables your child to try two lessons before deciding whether to continue.

For **Graystons Theatre School** please complete Theatre School application **ONLY**

Day		Month		Year	
	/		/		

Surname..... AGE:

First Names .....

Address .....

..... Post Code .....

Email: .....

Home Tel No:

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Mobile:

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Previous training .....

RAD PIN No. (if known)

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ISTD PIN No. (if known)

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Please attach  
photo

Are you an existing pupil?	<b>YES</b>	<b>NO</b>
If yes, which class or classes do you attend?...		
Do you have a sister or brother already attending classes	<b>YES</b>	<b>NO</b>
If yes, which class or classes do they attend?		
Do you attend Graystons Theatre School?	<b>YES</b>	<b>NO</b>

Tuition Required (please **TICK** where appropriate) Please state preferred day and level if not beginner

<b>TAP</b>	<b>BALLET</b>	<b>MODERN</b>	<b>JAZZ</b>
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Commencing .....

**I UNDERSTAND NOTICE COVERING WITHDRAWAL OF A PUPIL FROM THE SCHOOL MUST BE GIVEN IN WRITING BY THE LAST WEEK OF THE PRECEDING TERM, OTHERWISE THE FULL TERM'S FEES ARE PAYABLE**

Signature of Parent/Guardian.....Date: .....

Name of Parent/Guardian (PLEASE PRINT) Mr/Mrs/Miss/Ms.....

*Invoices will be addressed to the parent/guardian above unless we are notified otherwise*

This information may be held on computer

START DATE	CLASS	FOR OFFICE USE:	DAY/TIME
	<b>B T M</b>	Grade:	
DATE CONFIRMATION: SENT			

Invoice :	DATE	NO OF WEEKS	1 <sup>st</sup> TERM FEE

<b>For office use:</b>
Date.....
cash/chq
<b>REG FEE PAID:</b>
<b>£</b> .....

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