

The Lisa Jane School of Dance Registration Form

Please complete and return.
54 Kings Walk, Bridgwater, Somerset, TA6 4FR. 01278 555493

STUDENT DETAILS:

NAME OF PUPIL

DATE OF BIRTH

PLEASE GIVE DETAILS OF ANY MEDICAL INFORMATION WE SHOULD BE AWARE OF:

.....
.....
.....

DR..... SURGERY & TEL. NO

.....

CONTACT DETAILS:

NAMES OF PARENTS/GUARDIANS (if under 18yrs)

1. (MRS/MISS/MS).....

RELATIONSHIP TO STUDENT.....

2. (MR).....

RELATIONSHIP TO STUDENT

POSTAL ADDRESS

.....

..... POSTCODE.....

HOME TEL NUMBER MOBILE TEL NUMBER (1).....

MOBILE TEL NUMBER (2)..... WORK TEL NUMBER.....

EMAIL ADDRESS.....

EMERGENCY CONTACT DETAILS:

NAME.....

RELATIONSHIP TO STUDENT..... HOME TEL

WORK TEL..... MOBILE TEL.....

P.T.O

INVOICE DETAILS:

INVOICES SHOULD BE ADDRESSED TO (NAME)

EMAIL ADDRESS FOR INVOICES

PLEASE TICK HERE IF YOU WOULD YOU PREFER A PAPER COPY. PLEASE GIVE A POSTAL ADDRESS FOR INVOICES TO BE SENT TO, IF DIFFERENT FROM ABOVE

.....

.....POSTCODE.....

BY REGISTERING WITH THE LISA JANE SCHOOL OF DANCE YOU HAVE AGREED TO MAKE YOUR PAYMENTS FOR CLASSES IN ADVANCE OF THE PAYMENT TERM, AS OUTLINED IN OUR TERMS & CONDITIONS. WHEN WITHDRAWING FROM A CLASS, 5 WEEKS NOTICE MUST BE GIVEN AND THE FEE FOR THAT PAYMENT TERM WILL STILL BE DUE.

PHOTO/VIDEO CONSENT:

THERE MAY BE OCCASIONS AT SHOWS/EXAMS/EVENTS WHERE PHOTOGRAPHS OR VIDEO MAY BE TAKEN OF STUDENTS. THESE MAY BE USED IN LOCAL PRESS/MEDIA OR FOR PROMOTIONAL PURPOSES OF THE SCHOOL. PLEASE CONFIRM THAT YOU ALLOW YOUR CHILD TO BE INCLUDED IN THESE.

YOUR CLASSES:

PLEASE CONFIRM WHICH CLASSES YOU WILL BE TAKING AT THE LISA JANE SCHOOL OF DANCE:

BALLET MODERN TAP JAZZ STREET

DRAMA SONG & DANCE

PLEASE BE AWARE STUDENTS THAT ARE ENROLLED IN THE CLASSES ABOVE AT LISA JANE SCHOOL OF DANCE SHOULD NOT BE SEEKING TRAINING IN THESE DISCIPLINES FROM OTHER ESTABLISHMENTS UNLESS FIRST DISCUSSED WITH THE PRINCIPAL. CONFLICTING TEACHING METHODS AND ALTERNATIVE SYLLABUS CAN BECOME CONFUSING FOR THE STUDENTS WHICH WILL HINDER THEIR PROGRESS.

THANK YOU FOR REGISTERING WITH THE LISA JANE SCHOOL OF DANCE. PLEASE SIGN BELOW TO CONFIRM THAT YOU AGREE TO THE TERMS & CONDITONS. PLEASE CONTACT THE PRINCIPAL IF YOU HAVE ANY QUESTIONS OR QUERIES.

SIGNED.....

DATE.....

PRINTED.....