

# Janet Marshall Dance Studios

## Registration Form

### CHELTENHAM



CHILD'S NAME .....

Parent/Guardian surname if different.....

ADDRESS .....

.....

POST CODE.....

**E-Mail :** .....

Billing will be by e-mail but paper copies will be available upon request

TELEPHONE No.....

DATE OF BIRTH .....

PREVIOUS EXPERIENCE (IF ANY).....

.....

ANY OTHER COMMENTS THAT MIGHT BE HELPFUL.....

.....

Personal details:	
Which of the following groups do you belong to:	
White-British	Black or Black
White-Irish	British-Other
White-Other	Other
Mixed-White	Asian or Asian
& Black Caribbean	British-Indian
Mixed-White	Asian or Asian
& Black African	British-Pakistani
Mixed-White	Asian or Asian
& Asian	British-Bangladeshi
Mixed-Other	Chinese
Black or Black	Prefer not to say
British-African	
Black or Black	
British-Caribbean	
Lone Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	

**Once your child has been accepted into the school we would require half a terms notice in writing or fees in lieu thereof should they wish to stop lessons.**

**Fees are payable in advance and should be settled within the first three weeks of term. We reserve the right to make a charge for late payment.**

**Details of the uniform and regulation wear needed for class and examinations are available at reception.**

SIGNED..... DATE.....

#### FOR OFFICE USE ONLY

1 <sup>st</sup> Lesson Date	Class Type B M T J	Entered on File	Invoice Prep	Invoice Sent
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