

**SUSAN ROBINSON SCHOOL OF BALLET
STUDENT REGISTRATION DETAILS**

Please use block capitals to complete.

NAME.....
(AS FIRST AND SURNAME WILL APPEAR ON CERTIFICATES)

DATE OF BIRTH.....

FULL ADDRESS.....

.....

.....

POST CODE

TELEPHONE

EMERGENCY CONTACT.....

E-mail address

**Medical conditions which may affect your child's dancing: Yes/No
(If yes please advise detail separately or overleaf)**

**I acknowledge receipt of a copy of the school terms and
conditions. I have read them and agree to abide by them.**

SIGNED.....**Parent/Guardian (Please
also print surname if different from students).**

Class

Date.....

Please complete this form and return it by email to
sroballet.adm@gmail.com or post to:- Pelita Lucano (Administrator)
1 The Orchard Bullbeggars Lane Horsell Woking GU21 4SH
Please remember additional postage if you use an A4 envelope.