



Principal: Elisabeth Swan FISTD
 28 Prykes Drive, CHELMSFORD, CM1 1TP
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Please complete and return the form below. Confirmation of class availability will be sent as soon as possible.

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

Surname: _____ Title & Initial(s): _____
 Address: _____

 Postcode: _____ Telephone: _____
 Email: _____ Mobile: _____

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

Surname: _____
 Address: _____

 Postcode: _____ Telephone: _____

FURTHER DETAILS (to be completed by all applicants)

	Student 1	Student 2	Student 3
Forename(s):	_____	_____	_____
ISTD PIN (if known):	_____	_____	_____
Date of Birth or Adult:	_____	_____	_____
Male / Female:	_____	_____	_____
ULN* (if known)	_____	_____	_____
*(Unique Learner Number)			
Preferred start date:	____/____/____	____/____/____	____/____/____

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

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

Ballet:	_____	_____	_____
Modern:	_____	_____	_____
Tap:	_____	_____	_____
Commercial Dance/Jazz:	_____	_____	_____
Musical Theatre:	_____	_____	_____

TERMS: I UNDERSTAND THAT, FOLLOWING THE AGREED TRIAL PERIOD, NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING BEFORE THE FIRST DAY OF TERM, OTHERWISE A FULL TERM'S FEES WILL BE PAYABLE.

Full terms & 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	_____		
	____//____		_____		
Enquiry Ref:	_____	Rec:	_____		