



Principal: Elisabeth Swan F.I.S.T.D.

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Please complete and return the form below. Class suggestions / availability will be sent as soon as possible.

NEW ENQUIRY

<u>FAMILY DETAILS</u>	
Surname: _____	Title / Initials: _____
Address: _____	
Postcode: _____ Telephone: _____	
Email _____	

<u>STUDENT(S) DETAILS</u>	Student 1	Student 2	Student 3
Name:	_____	_____	_____
Date of Birth or Adult	_____	_____	_____
Previous dance school	_____	_____	_____
Ballet method	_____	_____	_____
Please show in which subject or classes the student is interested (please enter either level or class code)			
Please indicate within each subject the highest exam so far attained			
Ballet:	_____	_____	_____
Modern:	_____	_____	_____
Tap:	_____	_____	_____
Jazz:	_____	_____	_____
Adult:	_____	_____	_____
Other	_____	_____	_____

<u>RECOMMENDATIONS</u>	PLEASE DO NOT WRITE IN THIS SECTION - OFFICE USE ONLY					
Ballet:	//	//	//	//	//	//
Modern:	//	//	//	//	//	//
Tap:	//	//	//	//	//	//
Jazz:	//	//	//	//	//	//
National:	//	//	//	//	//	//
Musical Theatre:	//	//	//	//	//	//
Adult:	//	//	//	//	//	//

Where did you hear of us? _____	Date: _____
Submitted by: _____	

<u>DATABASE</u>	PLEASE DO NOT WRITE IN THIS SECTION - OFFICE USE ONLY	
<input type="checkbox"/> Entered	Enquiry ref: _____	