



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.

**ADDITIONAL STUDENT(S)**

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

Account Ref: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Telephone or Mobile: \_\_\_\_\_

**FURTHER DETAILS (to be completed by all applicants)**

	Student 1	Student 2	Student 3
Name:	_____	_____	_____
ISTD PIN (if known):	_____	_____	_____
Date of Birth or Adult:	_____	_____	_____
Male / Female:	_____	_____	_____
Ethnic Group:	_____	_____	_____

(please use ethnic grouping codes as printed over or below)

**\*\*PLEASE COMPLETE AND SIGN THE MEDICAL DECLARATION OVERLEAF / BELOW \*\***

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

Ballet:	_____	_____	_____
Modern:	_____	_____	_____
Tap:	_____	_____	_____
Jazz:	_____	_____	_____
Other:	_____	_____	_____

**TERMS: I UNDERSTAND THAT NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING BEFORE THE FIRST DAY OF TERM OTHERWISE A FULL TERM'S FEES WILL BE CHARGED**

*Full terms and 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	_____	_____		
	//		_____	_____		