

# *SUSAN ROBINSON SCHOOL OF BALLET*

## **STUDENT REGISTRATION DETAILS**

**Please use block capitals to complete.**

**NAME**.....  
(AS IT WILL APPEAR ON CERTIFICATES)

**DATE OF BIRTH**.....

**FULL ADDRESS**.....

.....

.....

**POST CODE** .....

**TELEPHONE** .....

**EMERGENCY CONTACT**.....

**E-mail address (optional)** .....

**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 rules. I have read them and agree to abide by them.**

**SIGNED**.....(Parent/Guardian)

**Class**

**Date**.....

Please complete this form and return it to:-  
Avril Hurst (Administrator) 25 Cranford Drive, Holybourne, ALTON GU34 4HJ (Tel 01420 86876)

*Please remember additional postage if you use an A4 envelope.*

Apr08