

OFFICE USE ONLY			
ISS DATE :			
REC DATE :			
CLASS ID :			
REF:		RECPT :	
A/C :		DEP :	
		PT :	



BOOKING FORM

please complete and return to:

RAZZLE DAZZLE STAGE SCHOOL
 PO Box 10309
 WICKHAM BISHOPS
 CM8 3WB

Tel: 0845 474 0074
 Fax: 0845 474 0075

booking@RazzleDazzleSchool.co.uk

www.RazzleDazzleSchool.co.uk

PARENT/GUARDIAN INFORMATION:

Title : Relationship to Student :

Firstname(s) :

Surname :

Address :

Postcode :

Home Tel :

Work Tel :

Mobile Tel :

Email :

2nd CONTACT INFORMATION

(required in the event of an Emergency)

Title : Relationship to Student :

Firstname(s) :

Surname :

Address :

Postcode :

Home Tel :

Work Tel :

Mobile Tel :

Email :

APPLYING TO JOIN CLASS :

How did you find out about RAZZLE DAZZLE STAGE SCHOOL?

STUDENT INFORMATION:

Firstname(s) :

Surname :

Date Of Birth : / /

Sex : Boy / Girl

PREVIOUS EXPERIENCE:

EXAMINATIONS:

	EXAMINATION BOARD	HIGHEST LEVEL ATTAINED
Drama :	<input type="text"/>	<input type="text"/>
Singing :	<input type="text"/>	<input type="text"/>
Dance :	<input type="text"/>	<input type="text"/>
Other :	<input type="text"/>	<input type="text"/>

TRAINING & EXPERIENCE : List training and/or relevant experience the Student has attained:

MEDICAL : Please advise the School of all Medical conditions that the Student has :

Does the Student have any special needs?

YES / NO

Please advise the School of all Special Needs that the Student may have :

By signing this registration form, you are indicating that you have read, understood and agree to the terms and conditions of Razzle Dazzle Stage School as laid out in the document accompanying this form.

SIGNATURE:

DATE : / /