



# Dance Academy Registration Form

Student Information:

Surname \_\_\_\_\_

First names \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex    M        F    *(please circle)*

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Class enrolling in: \_\_\_\_\_

Please note any Medical conditions to be aware of: \_\_\_\_\_

\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I wish for my child to attend the above class with Lafour. Should I wish for my child to leave the class I will give half a terms notice in writing.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Lafour Theatre School Office: Little Beaulieu, Heath Ride,  
Finchampstead, Berkshire, RG40 3QF.

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