



# SUMMER SCHOOL Application Form

Student's Name .....

Date of Birth ..... Age .....

Address .....

.....

.....

..... Post Code .....

Home Telephone ..... Mobile: .....

Emergency Contact Number: .....

Email .....

Last Ballet/Modern Examination passed (if applicable)  
.....

.....

..... Date .....

Please inform us of any medical condition you would like us to be aware of:  
.....

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Parent/Guardian signature

Mr/Mrs/Ms .....

Deposit Paid £

Date

Please make cheques payable to **Kate Izzard**

Please return this application form and deposit to L-A or Miss Katie