



Registration form

Child's Name. _____

Age. _____

Date of Birth. _____

Academic School. _____

Both Parents name. _____

Full address. _____

Post Code. _____

Telephone. _____ Mobile. _____

E-mail. _____

Any known Physical Disabilities. _____

How many classes per week do you want your daughter/son to attend.

Tuesday Wednesday Thursday Friday Sunday

Contemporary

I have read and signed the Russian Imperial Ballet School's Terms and Conditions

I have read and signed the Photography & Filming Consent for Facebook & Website

Parents/ Guardians Signature and Date:

