

MARCIA JONES SCHOOL OF DANCE



*Return to:
The Studio
Cyprus Avenue
Beeston
Nottingham NG9 2PG*

I.S.T.D. Qualified

Name of Pupil _____

Date of Birth ____/____/____

Address

Post code _____

Telephone (_____) _____

Email Address _____

Is your child under medical supervision? If 'Yes' please specify

Is your child taking any drugs or medication? If 'Yes' please specify

From which source did you hear about this dance school?
