

**LONDON STUDIO CENTRE
ACCESS PROGRAMME REGISTRATION FORM**

STUDENT INFORMATION (please print)

SURNAME

FIRST NAME

MALE / FEMALE (delete as appropriate)

DATE OF BIRTH

ADDRESS

.....

POSTCODE

TELEPHONE (daytime)

MOBILE

EMAIL

Is there any known medical condition or allergy of which LSC should be informed for your safety (eg: asthma, epilepsy, diabetes, etc.)?

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Signature of student (or parent/guardian if under 16) (please delete)

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(Please print name

Date:

If these classes are supplemental to your regular training, your teacher should sign below to indicate that you have permission to attend the London Studio Centre Access Programme.

Signature of current teacher

(Please print name)

Date

**I WOULD LIKE TO REGISTER FOR THE FOLLOWING CLASSES:
(please indicate day of week and name of class)**

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I HAVE ENCLOSED A CHEQUE, PAYABLE TO THE LONDON STUDIO CENTRE, IN THE AMOUNT OF £.....