

MICKLEFIELD SCHOOL

Application for Speech & Drama Lessons

Name(s) of Pupil(s)

Present Form(s) D.O.B.

Please Tick Type of Lessons Required

Group Individual

Address

Postcode

Telephone

Mobile

E-mail

I wish my son(s) and/daughter(s) to have Speech & Drama lessons as indicated above.

I agree to the terms and conditions as set out in the Information Brochure.

Please return this slip to the school addressed to Mrs Dale or place in the Speech & Drama folder outside the school office.

Signed Date