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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Speech & DramaApplication FormChild’s Details  |  |  | | --- | --- | | Name |  | | Age and  Date of birth |  | | Gender |  | | School Year |  | | masks.png |

## Contact Information

|  |  |
| --- | --- |
| Parent/Guardian |  |
| Address |  |
| City, Postcode |  |
| Mobile Phone |  |
| E-Mail Address |  |
| Emergency Contact Name & Number  (Different to the one given above) |  |

## Child’s LAMDA experience to date

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| Are there any Special Educational needs or medical conditions that we need to be aware of? |
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## Additional Information

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## Agreement and Signature

**TERMS AND CONDITIONS**

1. Every week of term must be paid for, whether the pupil is present or not.
2. Refunds will not be given for pupils who leave during the term, unless the circumstances are exceptional
3. Those who persist in falling behind with fees, and/or whose attendance is erratic, will have their places reviewed and possibly terminated.
4. Please note that four weeks’ notice is required in writing should your child wish to leave the class

**PAYMENT DETAILS**

**£105.00 per term** via online banking.

Account Name: Marianne Hearder

Sort code: 40-05-07

Account Number: 71431498

Please put name of your child and LAMDA as a reference

I agree to the terms & conditionS as stated above.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |