



## Speech and Drama Lesson Request Form

STUDENT NAME:

---

Start Date:

D.O.B

**Please circle:**

Preparatory School Fee:      Group £100                      Solo £200

Senior School Fee:              Group £130                      Solo £200                      Medals £160

---

Previous LAMDA Examinations taken grades & results:

LAMDA Pin (If known):

**CONTACT DETAILS:**

PARENT/S NAME/S:

---

ADDRESS:

---

TEL HOME:

MOBILE:

---

EMAIL:

---

**MEDICAL INFORMATION & LEARNING NEEDS:**

PLEASE INFORM US OF ANY MEDICAL INFORMATION AND LEARNING NEEDS.

(Please provide us with a copy of your Educational Psychologist report if applicable, this will be used for reasonable adjustments by the examiner).

---

---

**I AGREE TO THE TERMS AND CONDITIONS AS DETAILED IN THE NEW STARTERS' BOOKLET & DECLARE THAT THE INFORMATION I HAVE PROVIDED IS CORRECT AND HAVE DETAILED ANY MEDICAL CONDITIONS THAT MAY PUT MY CHILD/SELF OR OTHERS AT RISK WHEN PARTICIPATING IN ANY STAGESTARS CLASS AND THAT THEY/YOU ARE FIT AND ABLE TO PARTICIPATE.**

From time to time Stagestars would like to contact you with details of their events and news. I agree to being contacted by ticking this box

SIGNED:

DATE:

---