



REGISTRATION FORM

A separate form must be completed per student.

Please complete in block capitals.

Students Full Name _____

Students Date of Birth _____

Any Medical Conditions/Allergies _____

Parent / Guardian Name _____

Email _____

Contact Number _____

Alternative Contact Number _____

Address _____

_____ Postcode _____

How did you hear about SSPA? _____

What class/classes are you enrolling? _____

Parents are invoiced termly in advance of the start of term and all fees are payable, in full, within the first two weeks of receiving the invoice.

Upon return of this Registration Form half of one terms notice in writing or a half term's fees in lieu of notice is required in the event of a withdrawal from the school or stopping classes. Enrolment at SSPA indicates acceptance of our terms and conditions, which can be found via our website.

We would like to contact you via email with any SSPA information. Your details will not be passed on to third parties with the exception of Surrey County Council when the children perform in our Annual show.

Official photography and video footage may be taken for SSPA marketing purposes only. If you have any objection to future contact, photography or video footage being reproduced for these purposes then please tick this box

Signature of Parent / Guardian _____

Date _____