



**Principal: Mrs Loraine Hastings**

Tel : 07968-533696

Email: info@crsd.co.uk

Dear Parent,

Thank you for your interest in the Carlo Rossi School of Dance and Performing Arts. Enclosed is a list of classes and an application form, which should be returned to the above address.

The Carlo Rossi School runs classes in the following disciplines:

**Classical Ballet**

**Tap**

**Modern Jazz**

**Theatre Craft**

**Modern Freestyle**

**Cheerleading**

**Street Dance**

**Musical Theatre** (incorporating singing and drama)

Classes are held at Elmgrove Public Hall, Hersham Rd (situated behind the old Court House and near to the Citizens Advice Bureau)

Pupils are regularly entered for examinations and are also given the opportunity to take part in the dance school's shows, which are held in a theatre. Pupils are welcome from the age of 3 yrs onwards.

There are also professional classes for Teacher Training.

If you require any further information, please do not hesitate to contact us on the above details.

Loraine Hastings (Fellow and Examiner IDTA)

**Principal**



**Application Form**  
*Please complete in BLOCK CAPITALS*

**Student Details**

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

D-O-B: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

I would like to apply for: (Please tick all that apply)

**Cheerleading**

**Classical Ballet**

**Modern Freestyle/Street**

**Modern Jazz**

**Musical Theatre**

**Tap**

**Theatrecraft**

**Parent / Guardian Details**

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**Previous Experience:**

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# Medical Conditions

Does the STUDENT named opposite have any allergies?

Yes  No

If YES please give details below:

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Does the STUDENT named opposite have any medical conditions that may prevent them from participating in dance and movement?

Yes  No

If YES please give details below:

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I, as PARENT / GUARDIAN of the STUDENT named, agree that by signing below, I am confirming that the information given is correct, and that any changes will be given to the CARLO ROSSI SCHOOL OF DANCE & PERFORMING ARTS at the earliest possible date. I also understand that all classes will be paid for termly in advance.

PRINT NAME: \_\_\_\_\_

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_