

# FRANCES RYAN SCHOOL of DANCE

**Fully Registered School**

**Ph: 086 3909312**

*Principal: Frances Ryan LISTD.MB. AISTD.IB (Dip) RSA. CDE.*



## Registration Form 2016/2017



Name of Child \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Contact  
Numbers \_\_\_\_\_  
\_\_\_\_\_

Any illnesses or allergies etc that the school should be aware of (see attached form)

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

