



Singer Information Form

Dear Parent/Carer,

Please complete the requested information below for our records.

Your Child's Details

Child's name

Date of birth/...../.....

Your Contact details

Address

Home telephone number

Mobile telephone number

Email address

Additional information

Which school does your child attend?

Does your child have any medical conditions that we should be aware of? YES / NO

If YES, then please give brief details (continue overleaf if necessary):

Signed Date/...../.....

Print name

Thank you – please bring this form with you when you attend your first session