



Booking Form

If you wish for your child to take part in Speech and Drama classes with us, please return the form below to info@armstrongspeechanddrama.com

Name of pupil:

Pupil's age:

Pupil's School.....

Pupil's Current Year Group.....

Date of birth:

Home postcode:

Parent email for invoices/lesson info:

Has your child taken LAMDA classes before?.....yes/no.....

I agree/disagree to give permission for videos/photos of my child to be used on Armstrong Speech and Drama's social media platforms.

Parent full name:

Please note, if your child wishes to cease lessons, half a terms notice is required.

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