

## **The Cleveland School of Etiquette Application**

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent or Parents: \_\_\_\_\_

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

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

Phone numbers: \_\_\_\_\_

Cell phone numbers: \_\_\_\_\_

In case of emergency name and number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Description of any behavior situation, if applicable (i.e. ADHD)

\_\_\_\_\_

Have you previously attended the Cleveland School of Etiquette? \_\_\_\_\_

***Cleveland School of Etiquette reserves the right to contact you at anytime during the training if there is a behavioral issue. Significantly disruptive behavior may result in a phone call for early pick up or dismissal.***

***Please make checks payable to: The Cleveland School of Etiquette and mail with the application to: 451 Powell Dr. Bay Village Ohio 44140. All payments are due one week prior to the training and are non-refundable.***