

The Cleveland School of Etiquette **Application for Etiquette Workshop**

| Ages of Student/ Students: | |
|---|-------|
| School and grade level: | |
| Name of Parent or Parents: | |
| Address: | |
| Cell phone numbers: | |
| Food Alergies: | |
| Description of any behavioral challenges we should be aware of if applic | able. |
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| nd School of Etiquette reserves the right to contact you at anytime during a behavioral issue. Significantly disruptive behavior may result in a phick up or dismissal. | _ |
| make check payable to: The Cleveland School of Etiquette in the amount (| of ¢9 |

Please mail application and check to: The Cleveland School of Etiquette 30508 Salem Dr. Bay

Village Ohio 44140.

Venmo: @Colleen-Harding-8

student. (All payments are non-refundable).