

NEW HAVEN BALLET

Artistic Director Lisa Sanborn

STUDENT/PARENT/GUARDIAN INQUIRY FORM

Student's Name: _____

Student's Age: _____

Student's School Year: _____

Student's NHB Class Level: _____

Student's NHB Class Schedule/Teacher: _____

Parent's/Guardian's Name: _____

Phone: _____

Email: _____

Please state the reason for this inquiry:

This statement is submitted by: _____

Relation to Student: _____

I may best be contacted as follows: _____

Date: _____

**Please submit this form to the NHB Office Manager, Ruth Barker, 70
Audubon Street, New Haven, CT 06510.**

For office use only:

Date rec'd