



## **IFIELD SMILE PARENT WORKSHOP BOOKING FORM**

Course Title:

Course Date:

Course Cost:

Full Name of Attendee/s

School / Organisation your child attends:

Address:

Contact Telephone Number:  
(this section must be completed)

Contact Email Address:  
(this section must be completed)

Signed:

Date:

Please return completed forms to Ifield Smile by:

Email: [smile@ifield.kent.sch.uk](mailto:smile@ifield.kent.sch.uk)

Fax: 01474 329189

Post: Ifield Smile, Ifield School, Cedar Avenue, Gravesend Kent DA12 5JT

If you would like any further information please do not hesitate to call the Smile team:  
Telephone 01474 536924.