

PLEASE PRINT IN CAPITAL LETTERS AND COMPLETE FULLY



PERSONAL INFORMATION

NAME OF STUDENT DATE OF BIRTH..... MALE/FEMALE (delete)

ADDRESS.....

.....

HOME TELEPHONE NUMBER.....ISTD PIN NUMBER.....

MEDICAL CONDITIONS/ LEARNING NEEDS

.....

.....

STUDENT CONTACT INFORMATION

PARENTS FULL NAME.....

CONTACT NUMBER.....

EMAIL ADDRESS.....

Please note this email address will be used to contact you regarding information and updates on the school (termly newsletters and changes to timetables etc). This will not be passed on to third parties and will only be stored for the duration of your child/children enrolment.

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME.....

RELATIONSHIP TO STUDENT.....

EMERGENCY CONTACT NUMBER.....

ANY ADDITIONAL IMPORTANT
INFORMATION.....

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I have read and agree to the Terms and Conditions, Health and Safety, GDPR and all policies and documents of the Classique School of Dance Ltd. Please tick ☐

I fully understand that by signing this document I agree to register my child at the Classique School of Dance Ltd and fully abide by the policies of the school and all terms and conditions, including payment. I retain full responsibility for the updating of personal information and consent to this information to be stored by the school for the duration of the membership.

SIGNED.....PRINT NAME.....DATE.....

Please complete fully and email the returned document to; Classique_enquiries@yahoo.co.uk