



ASPIRATIONS SCHOOL OF DANCE

REGISTRATION FORM

Please complete in **BLOCK CAPITALS**

Students name:		
Date of Birth:		
Parent / Guardian name:		
Home Address:		
Tel Numbers;	Landline:	Mobile:
Email:		
Emergency Contact No:		
Any Physical or other issues we should be made aware of:		
Allergies?		

PLEASE CIRCLE YOUR ANSWER

I HAVE READ AND KEPT A COPY OF THE SCHOOLS TERMS & CONDITIONS. I HAVE RETURNED THE OTHER COPY TO THE SCHOOL	Yes	No
I AM AWARE THAT THE SCHOOL REQUIRES A HALF TERMS NOTICE IN WRITING. Notice must be given by the date indicated on your T&Cs	Yes	No
I AGREE TO PAY THE FEES DUE IN FULL BY THE DATES GIVEN (<i>unless an alternative payment arrangement has been made with the school</i>)	Yes	No
IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT IS REQUIRED, I AUTHORISE THE SCHOOL TO TAKE ANY ACTION NECESSARY IN MY ABSENCE.	Yes	No
I AM HAPPY FOR PHOTOGRAPHS TO BE TAKEN FROM TIME TO TIME. You will be notified separately & signed permission sought to use photos for any promotional purposes	Yes	No

SIGNED: **DATE:**