

ASD



ASPIRATIONS SCHOOL OF DANCE

REGISTRATION: Please complete ALL sections.

PARENT / GUARDIAN

First Name:		Surname:	
Address (with postcode):			
Phone Number:		Home Number:	
Emergency Number (if the other numbers do not answer):			
Email address:			

STUDENT

First Name:		Surname:	
Date of Birth:		School / Nursery they attend:	
Gender:	Male / Female / Other / Prefer not to Say		
Ethnicity:			
Ethnicity information is collected to provide information to funding bodies for statistical purposes. This data is always provided to third parties as quantified data (i.e., numerical data only with no identifying information relating to any participant).			
Important: Disability/ Allergy/ Learning Needs (please give details):			
We only share medical/disability information when it necessary to ensure safety and/or participation in sessions.			
Do you give permission for us to share medical/disability information with authorised staff if needed?			Yes / No

GENERAL

I am happy to receive infrequent information via email regarding further Aspirations School of Dance courses, shows and events.	Yes / No
Aspirations School of Dance have my permission to take photos/video during classes, workshops, events, and performances for the purposes of marketing, publicity and/or archiving	Yes / No
These will never be shared with any identifying information (age, location etc.). There may be times where we will share first names, but only with the explicit consent of the parents.	

By signing the following you are entering an agreement with Aspirations School of Dance

I have read, understood, and agree to ADS Privacy Notices and Terms and Conditions, to include remittance and notice.

Signed: _____

Date: _____

Aspirations School of Dance collects data in order to provide classes to participants, by submitting information you are agreeing to our Customer and Student Privacy Notice.