

Student Details	
Full Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Postcode:	
Email Address:	
Telephone:	Mobile:
Any previous performing arts training:	
ISTD Pin Number:	
RAD Pin Number:	
Any medical conditions, allergies or learning difficulties we should be aware of:	

Parent/Guardian 1 Details	Parent/Guardian 2 Details
Full Name:	Full Name:
Address:	Address:
Postcode:	Postcode:
Email Address:	Email Address:
Telephone:	Telephone:
Mobile:	Mobile:
Preferred email address for correspondence and invoices: <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent Guardian 2	
How did you hear about The Company Performing Arts?	

- I the legal parent/guardian accept and understand that appropriate physical contact may be necessary within the dance class and hereby give permission for any teacher from The Company Performing Arts to do so. Any person teaching for The Company Performing Arts is required to complete formal training and undergo a Disclosure and Barring Service (formally CRB) check.
- I hereby give The Company Performing Arts permission to use any still and/or moving image being video footage, photographs and/or frames depicting the student named above, whilst performing with The Company Performing Arts for any of the following uses: advertisements, marketing, social media, or any other use such as for training, educational or publicity purposes or use on website.
- I understand a terms notice must be given if a student wishes to stop any pay per term Technique class otherwise a full terms fees will still be charged.
- The information provided in this form will be treated confidentially and will only be used for administration purposes by The Company Performing Arts. No information will be released to any external party.
- I understand all invoices must be settled within 14 days of receipt. Failure to do so will incur a 10% surcharge.

Parent/Guardian Signature: (If student is under 18 years)	Date:
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