

Registration Form
Kingsbury Academy of Dance

Students - First Name:	
Students - Surname:	
Age:	
Date of Birth:	
Nationality:	
Next of Kin (e.g mother's name):	
Address:	
Home Telephone:	
Mobile Telephone:	
Email Parent/s:	
Email Student/s:	
Dance Styles Chosen:	
Start Date:	

Sign here _____ **Date:** _____

Please state any relevant information here, including any illness e.g asthma.

If any special medication or care is required please make sure your son or daughter has their medication with them at all times. The teacher should not be expected to give medication to the student unless specifically authorized to do so, supported & accompanied by written documentation.

Please also list any examinations already undertaken or awarded related to dancing. Including a copy (where applicable) of their exam certificates / report.

If you do not give your parental consent OR do not want your child to be photographed / filmed for promotional use, by the dance school "Kingsbury Academy of Dance" please also **Sign here** _____
