

# WENDY MORTON

## Academy of Dance

### Enrolment Form

Student Name:		
Date of Birth:		
Address:		
Emergency Contact(s):	(name & relationship to student)	(contact no)
Email Address:		
Dance Examinations Achieved & Association (BTDA, ISTD, RAD, etc)	(association)	(exam subject & level)
Anything we should be made aware of (e.g. allergies, hearing/sight/speech impairment, inhaler, previous injuries, etc):		
Do you allow your child to leave the premises in between lessons? If so, please sign and print your name below stating your relationship to the student. (e.g parent)		
Name & relationship to student..... Signature..... Date.....		
Please sign below to confirm that you have read a copy of the Academy Rules, GDPR Policy and Safeguarding Policy.		
Name & relationship to student..... Signature..... Date.....		