

New Student Registration Form

This form should be returned before your first lesson.

By completing this form, you are confirming you have read and agree to our school guidelines.

Student Details				
First Name:	Surname:			
DOB:	Ethnic Origin:			
Address:				
Postcode:	Telephone No:			

Please provide details of any previous dance training, including any exams passed, results, and with which association (RAD, ISTD etc)

Medical Information

Please provide a response to all questions below, and provide details where necessary. If any circumstances change that we should be aware of, please let us know.

Disability	YES 🗌 NO 🗌	
Allergy	YES 🗌 NO 🗌	
Learning Need	YES 🗌 NO 🗌	
Medical Condition	YES 🗌 NO 🗌	

Parent / Guardian / Next of Kin Details				
First Name:	Surname:			
Relation to student:	Telephone No:			
Premiere School of Dance Updates and News				
Email:				
Please confirm if you are happy to be added to our ma	iling list YES 🗌 NO 🗌			

When you opt in to any communication from Premiere School of Dance, we will treat your information with respect. We will use your data to contact you regarding school news, invoicing, classes, upcoming events and general information relating to these. We will NOT share your data with any third party or store your data longer than you wish, with the exception of those taking examinations where we need to pass your date of births and ethnic origins to the RAD or ISTD exam boards, and those of you who take part in shows and performances in which case we are required to pass your data to local authorities in order to apply for a performing licence (body of persons licence). You can opt out at any time.

Signed:

Date: