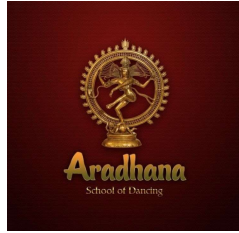


Aradhana School of Dancing Enrolment Form



Student Information

Full Name: _____

Date of Birth [DD/MM/YYYY]: ___ / ___ / _____

Address: _____

Postcode: _____

Nationality: _____

Enrolment Date [DD/MM/YYYY]: ___ / ___ / _____

Current Grade / Level: _____

Examination Board of choice (May tick more than one):

ISTD

IITA

OEBL

OFFAL

Emergency Contact Details

Parent / Carer's Full Name:

Relationship to student:

Telephone Number: _____

Email: _____

Emergency Contact Details 2

Parent / Carer's Full Name:

Relationship to student:

Telephone Number 2: _____

Email 2: _____

For the Attention and Consent of Parents, Carers and Students

All information stays within Aradhana School of Dancing and will not be shared with a third party (including other parents or carers).

Please note that all future applications and certificates will be issued based on the details given above.

The videos and photographs we take of our students from events, such as Annual Concerts, will be published on our Social Media (Facebook, Instagram, YouTube) and / or our Website. Please tick whether you give us, Aradhana School of Dancing, your consent to use photos or videos the student listed above is in:

Yes No

Signature: _____

Date[DD/MM/YYYY]: __ __ / __ __ / __ __ __ __