



ClandonTM
School of Dance

live it, feel it, dance it!

REGISTRATION FORM

BLOCK CAPITALS PLEASE

Name of Student: _____ **Date of Birth:** _____

Class(es) to be attended: _____

Previous dance training (if any): _____

Last examination(s) attained (if any): _____

RAD ID Number: _____ ISTD ID Number: _____ (to be found on certificates)

Name of Parent/Guardian: _____

Address: _____

_____ Postcode: _____

Telephone No: Home _____ Mobile _____

Email Address (please print): _____

Name (if different from above) to which invoices should be sent: _____

Address: _____

Email Address (please print): _____

Where did you hear about the school? _____

If found on the internet, please state the keywords used (eg. ballet classes near Guildford):

MEDICAL CONDITIONS

Please inform us of any medical/physical condition, loss of hearing, allergies or behavioural conditions which may affect your child's dance experience. All information given will be treated as confidential (please write on a separate sheet if necessary).

UNLESS notification is received, Clandon School of Dance is entitled to consider that the information provided on this Registration Form is correct.

Consent (please tick):

I have read and agree to abide by the school's Terms and Conditions of Enrolment.....

I understand that essential medical information will be shared with other relevant teachers.....

Parent's/Guardian's Signature: _____ Date: _____

OFFICE USE ONLY: Start date: _____ Trial payment _____ Paid: _____

Deposit: _____ Paid: _____ Receipt No: _____



DATA CONSENT

Name of Parent/Guardian.....
(block capitals please)

Child(ren).....

Clandon School of Dance will process your confidential information (name, postal address, email address, phone number, child's date of birth and relevant medical information) only for the purposes listed below. The data will be stored securely for as long as a family member attends classes at Clandon School of Dance.

I confirm that I agree to Clandon School of Dance using my data as follows:

PLEASE TICK: For the purposes of administration in connection
with dance classes

To enable us to provide information to third parties
for examinations, licenses, etc.

To ensure the confidentiality of data and compliance with the General Data Protection Regulations (GDPR), Clandon School of Dance will not publish or share your personal information with any other third parties other than those mentioned in the Privacy Note.

I confirm that I agree to Clandon School of Dance communicating with me:

PLEASE TICK: By email, letter or phone, whichever is most appropriate

MEDICAL AND PHOTOGRAPHIC CONSENT

MEDICAL

Parents are required to give permission for teachers to administer simple medical aid, such as the use of plasters or the application of a cool pack.

PLEASE TICK: I confirm that I agree to Clandon School of Dance administering simple medical aid

PHOTOGRAPHIC

Parents are required to give permission for photographs/videos to be taken on an occasional basis during class, show rehearsals or for publicity purposes. No names would be used.

PLEASE TICK: I confirm that I agree to photographs/videos being taken of my child(ren)

Signed:.....

Date:.....