

**Student Registration Form  
Basingstoke Academy of Dancing**

**Student Name:** .....  
(This will be as appears on any certificates if taking RAD ISTD examinations at some point)

**Address:** .....  
.....

**Home Tel:** .....

**Mobile:** .....

**Essential for contact particularly if you leave the student at the studios**

**Email IN CAPITALS PLEASE :** .....  
This is necessary for communications re class changes, newsletters and other important school information

**Date of birth:**.....

**Are there any medical conditions or further information we should be aware of? E.g. medicines, asthma etc**

.....

**Please state date of free trial** ..... **Please state date classes started** .....

**Please state which classes joining (Day and level/time)**

.....

**Are there classes we don't offer that you would be interested in, in the future?**

.....

Please note that in order to teach dance, correct placing may be shown by myself or other teachers and assistants physically touching your child – if this is an issue please discuss this with me.

Please be aware this forms consents to a member of staff who is trained in first aid to administer first aid if required, this may involve the use of plasters, or consent to hospital treatment – if this is an issue please discuss this with me.

Also your child may be photographed from time to time at events or performances or in classes  
These pictures may form part of publicity materials but will not specifically name children – please sign below.

..... Parents Signature Photography / First Aid Consent

..... Parents Name

**How did you hear about us please?** .....

**Return completed form to Tanya Schipelbaum as soon as possible**

[tanya@basingstokeacademy.co.uk](mailto:tanya@basingstokeacademy.co.uk)  
[studiomanager@basingstokeacademy.co.uk](mailto:studiomanager@basingstokeacademy.co.uk)

Thank you