

NEW STUDENT FORM

Full Name _____

Date of Birth ____ / ____ / ____ Last Exam Grade & Syllabus _____

Gender Male Female Non-binary Prefer not to say

Parent/Guardian Name _____

Home Address _____

City _____ Post Code _____

Phone Number _____ Email _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Does your child suffer from a health condition that threatens their life? Yes No
If yes, please describe

Is your child in need of medication at school? Yes No
If yes, please describe

Are there any other mental health considerations/medical issues/injuries
that we should know about your child? Yes No
If yes, please describe

Parent Signature

PRIVATE LESSONS & ELITE TRAINING

Is your dancer interested in further coaching?

- Exams
- Private Lessons
- Solo Competitions & Stage Experience
- Workshops/Summer Schools
- Future Part-time/Full-time/Secondary School Training
- Currently unsure, but please keep me updated

Preferred contact method:

- Email
- Phone
- Not interested