

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