



# Enrolment Form

Pupil's Name

Age:

D.O.B:

Address:

Email address: 1<sup>st</sup>:

2<sup>nd</sup>:

*(please give both parents email)*

Emergency Contact No:

Alternative No:

Date Started:

Medical Conditions or additional info:

## **Photo Consent**

I consent to photographs, video or film of my son/daughter to be taken. These may be used for advertising, web site and promotional material. *Please tick ( )*

**I do not consent** to photographs, video or film of my son/daughter to be taken. These may be used for advertising, web site and promotional material. *Please tick ( )*

By signing this document you & your child agree to adhere to the terms and Conditions set out on our web site and notice board for fees, uniform & school Etiquette. (Please Note: Studio Timetable is subject to change).

**I agree to adhere to the above statement:**

SIGN: ----- *(To be signed by parents only)*

PRINT: -----

DATE: -----



# Enrolment Form

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_

I agree to adhere to the above statement:

SIGN: ----- *(To be signed by parents only)*

PRINT: -----

DATE: -----