



Student Registration Form

Please complete in block capitals

Student's Full Name _____

Date of Birth _____

Parent/Guardian _____

Full Address _____

Post Code _____

Email Address _____

Mobile Phone _____

Home Phone _____

Emergency Contact _____

Class Interest

Please tick the classes you are interested in:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Tap | <input type="checkbox"/> Musical Theatre |
| <input type="checkbox"/> Modern | <input type="checkbox"/> Progressing Ballet Technique |

Confidential Medical Details

Please add any other information that you feel may affect your child's experience in classes.

Any Known Allergies _____

(Food/Medication)

Medical Conditions _____

(E.g. Asthma, Diabetes etc)

Behavioural/Learning _____

(E.g. Dyslexia, ADHD etc)

Medication Taken _____

Medical Treatment Consent:

- I give consent for my child to receive any necessary first aid whilst in the care of Susan Robinson School of Ballet and Performing Arts.
- Where appropriate my child may be given non-prescribed medication, such as ibuprofen, to treat minor injury or illness.
- I understand that it is my responsibility to inform the school of any new health conditions or medical need.
- I understand that necessary medical information will be shared with my child's class teacher/s.

Photo Consent:

- I give consent for photographs/videos of my child to appear on the Susan Robinson School of Ballet and Performing Arts website.
- I give consent for photographs/videos of my child to appear on the Susan Robinson School of Ballet and Performing Arts social media pages (i.e. Instagram/Facebook).
- I give consent for photographs of my child to be used in the Susan Robinson School of Ballet and Performing Arts advertisements.

Terms and Conditions

- I acknowledge receipt of a copy of the school's terms and conditions. I have read them and agree to abide by them

Parent/Guardian Signature

Relationship to Child

Date

Please complete this form and return it by email to sroballet.adm@gmail.com or post to: Pelita Lucano (Administrator) 1 The Orchard, Bullbeggars Lane, Horsell, Woking, GU21 4SH