



# Registration Form

How did you hear about **P.H.A.D.**?

Classes required (Please state which grade unless a beginner)

Ballet.....Tap.....Modern.....Jazz.....Musical Theatre.....

## Student Information

First Name(s):

Surname:

Date of Birth:  /  /

Gender:  Male / Female

**Previous Experience:** Please use this space to tell us about any relevant experience the student has attained. Please include the highest level of any qualifications (continue on reverse if necessary)

**Medical / Special Needs:** Please use this space to inform us of any medical and/or special needs that the student has (continue on reverse if necessary)

## Parent / Guardian

## Main Contact

Title:

Relationship to Student:

First Name(s):

Surname:

Address:

Postcode:

Home Tel:

Work Tel:

Mobile:

Other:

Email:

**2nd Parent / Guardian / Other****required in ALL cases for emergency**

Title:	<input type="text"/>	Relationship to Student:	<input type="text"/>
First Name(s):	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
		Postcode:	<input type="text"/>
Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>
Mobile:	<input type="text"/>	Other:	<input type="text"/>
Email:	<input type="text"/>		

**Additional Information**

Please add any further information you may feel necessary

**By signing this form you are indicating that you have read, understood and agreed to the terms and conditions of P.H.A.D**

PRINT Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		

Office Use Only

Start Date:	<input type="text"/>	Student No:	<input type="text"/>
Class Venue:	<input type="text"/>		<input type="text"/>
Additional Info:	<input type="text"/>		