



Registration Form

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

Classes required (Please state which grade unless a beginner)

Student Information

First Name(s): Surname:

Date of Birth / / Gender:

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

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**

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" value="/"/> / <input type="text" value="/"/>		

Office Use Only

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