



ENROLMENT FORM

Parents/Guardian Name:

Address:

.....

.....

Postcode: Home Phone:

Email (PLEASE PRINT):

.....

Mother's

Father's

Mobile: Mobile 2:

Pupil Name (*as you wish it to appear on any future examination certificate*):

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Date of Birth:

TERMS AND CONDITIONS

Attendance at Twickenham Academy of Dance is dependent on acceptance of our Terms and Conditions.

- A full terms notice must be given in writing for withdrawal from any class. A terms fee in lieu of such notice will be charged.
- A £15 surcharge will be added to late payment of term fees.

☐ I CONFIRM I HAVE READ THE TWICKENHAM ACADEMEY OF DANCE TERMS AND CONDITIONS AND I UNDERSTAND AND ACCEPT THEM.

SIGNED: DATE:

PRINT NAME:



MEDICAL FORM

Pupil Name:

List all known medical conditions and medication required including **Allergies** (Food/Drug): **Medical Conditions** (Asthma, Epilepsy, Diabetes etc) **Behavioural/Psychological Conditions** (Dyslexia, Dyspraxia, Aspergers, ADHD etc). Please include any other information about your child that may affect your child's class experience.

Occasionally photographs or videos are taken by Twickenham Academy staff and may be displayed at the studio, on our website or used in promotional literature. If you *DO NOT* wish for your child's photo to be used please tick here: ☐

CONSENT TO GENERAL TREATMENT & FIRST AID

I give consent for my child to receive any necessary care and first aid whilst under the care of Twickenham Academy. I give consent for Twickenham Academy to contact emergency services if required. I understand that essential medical information will be shared with the relevant school staff and carers. I understand that it is my responsibility to inform the school of any new medical conditions and health needs. Unless notification is received, the school is entitled to consider that the information in this Confidential Medical Form is correct.

SIGNED: DATE:

PRINT NAME: