



BECKENHAM BALLET ACADEMY

*Striving for excellence*

REGISTRATION FORM

Parents name: \_\_\_\_\_

Name of student: \_\_\_\_\_

Students date of birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact and number: \_\_\_\_\_

Any additional information: \_\_\_\_\_

Previous dance experience (if any): \_\_\_\_\_

Working at grade: \_\_\_\_\_

Previous teacher / school: \_\_\_\_\_

Any medical conditions we should be aware of?: \_\_\_\_\_

By enrolling at the Beckenham Ballet Academy, I confirm that I have read and accept the Terms and Conditions as stated.

Signed (Parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

TO BE SIGNED BY STUDENTS over the age of 10, or explained to students below this age and signed by a parent/guardian on their behalf.

(Name of student) \_\_\_\_\_, agree to arrive on time for class ready to start work immediately.

I will listen to my teachers instructions and allow others to do the same.

I will respect my teacher and fellow students.

I will not behave or speak in a negative manner about another student.

I will respect the rules of the school.

Signed (Parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please print off this page and return it signed to Linda Walsham at class or a scan to [linda@beckenhamballetacademy.co.uk](mailto:linda@beckenhamballetacademy.co.uk)