Hertsmere Academy of Dance & Performing Arts - EMERGENCY CONTACT INFORMATION & ENROLLMENT FORM

It is Vital that we have up-to-date records, especially in the case of an Emergency. All information is kept PRIVATE & CONFIDENTIAL.

Please <u>FULLY COMPLETE</u> this form <u>CLEARLY</u> and in <u>CAPITAL LETTERS</u> and <u>RETURN</u> it without delay.

STUDENTS NAME:		AGE:	_ D.O.B:	I	1	
Parent Name & Address:						
	Post Code:	LAN	DLINE NO:			
MOBILE:	EMERGENCY NO. (inc.	Name/Relationship):				
EMAIL ADDRESS: (Please write Clearly) Important Info	ALTERN rmation on Shows, Exams & Newsletters v	NATIVE EMAIL: _ will be sent by ema	ıil.			
STUDENTS GP SURGERY (Name/Lo	ocation):					_
ANY ALLERGIES, MEDICAL CONI	DITIONS, DISABILITIES OR LEARNING I	DIFFICULTIES? (Please give specific d	etails)		
DANCE/SINGING/ACTING EXPERI (Please be specific: Name of School, Styles	IENCE?					
	HER (Dance/Performing)SCHOOL? YES					
HOW DID YOU HEAR ABOUT US?	(Recommended by?)					
this school and give permission for the Dance/Performing Arts is a physical Website and fully understand the my consent to Hertsmere Academy	ce: ided a truthful declaration. I am fully aware hem to attend. I release Hertsmere Acader activity. I have read and understood the schools Policies, including Media Rights, of Dance & Performing Arts to register/holo my child. I understand the full GDPR detail	my of Dance & Pe e <u>FULL</u> Hertsmero , Payment Obligati d my personal data	rforming Arts from e Academy of Dar ons, Physical Con a on their data bas	any liability in nce & Perforn tact, Data Pro e and utilise a	case of accide ning Arts TERI tection & my re	ent/injury as I understand that MS & CONDITIONS on their esponsibilities as a parent. I confirm
NAME:	SIGNED:		DATE:	1	1	