



Enrolment Form.

NAME..... DATE OF BIRTH.....

ADDRESS

POST CODE HOME PHONE NO. MOBILE

EMAILMost information and fees will be sent by email.

Does the student have any medical conditions we should be made aware of ? YES / NO

If yes please give details

Any Previous Grades attained ? YES /NO Details

By completing and signing the 'Imperial Academy of Dance' Enrolment Form you are confirming you have read and accept the 'Imperial Academy of Dance' Code of Conduct - Terms and Conditions.

Signed

ENROLMENT DATE / FEE PAID.....