

**ANGEL SCHOOL OF DANCE
APPLICATION FORM**



1. APPLICANT'S SURNAME _____
FIRST NAME(S) _____

2. DATE OF BIRTH DAY MONTH YEAR

3. GENDER (Please circle) M F

4. ADDRESS _____

TOWN: _____ COUNTY: _____

POSTCODE: _____ EMAIL: _____

CONTACT NUMBERS: HOME: _____ MOBILE: _____

5. MEDICAL: Are there any medical conditions we should be aware of? Yes No

If YES please give details

6. Have you previously attended dance classes? Please circle Yes No

If YES please give details of Dance classes attended:
DANCE SCHOOL: _____
PRINCIPAL: _____

7. LAST DANCE EXAMINATIONS PASSED: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

