

Student Contact Form

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|---|------------|-----------------|-------|--|
| Student's name: | | | D.O.B | |
| Address: | | | | |
| Parent/Carer's Name: | | | | |
| Contact Number: | | | | |
| Email address (will be used as main method of communication): | | | | |
| Second Contact Name (in case of emergency): | | | | |
| Relationship to Student: | | Contact Number: | | |
| Child's Medical information: | Allergies: | | | |
| <ul style="list-style-type: none"> We take examinations with the International Dance Teachers' Association and submit any known special needs/medical conditions that pupils may have to them. This can be a diagnosed condition but it is also helpful to know if a pupil has any additional support at school for something undiagnosed such a learning difficulty. Please feel free to chat with us personally or write more information on the back. | | | | |
| Special Need/Medical Condition: | | | | |
| <p>By signing below, you agree to the following points. (this form is to only be signed by those with parental responsibility).</p> <ul style="list-style-type: none"> When correcting your child, it may be necessary for teachers and assistant teachers to adjust them, e.g. move their arm or leg to a correct position. In case of an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic. I give permission for my child to be included in photographs & video footage to be taken and used for publicity purposes (full names will not be published) | | | | |
| Signed: | | | Date: | |