



Registration Form

STUDENT INFORMATION

Student's name _____

Address _____

Postcode _____

Date of Birth _____ Age (at registration date) _____

School child attends (if applicable) _____

PARENT INFORMATION

Parent(s) / Guardian(s) _____

Contact e-mail (IMPORTANT!) _____

Home Phone _____

Mobile Phone _____

Classes follow the RAD syllabus and the suggested age groups are only for guidance. Tap & Modern classes follow the IDTA syllabus
All classes take place at RUSKIN HALL, 16 CHURCH ROAD, ACTON, W3 8PP. Please tick below which classes will be attended

MONDAY

- 4:00-4:30pm **Pre-Primary Ballet (4 - 5yrs)**
- 4:30-5:30pm **Grade 2 Ballet (7 - 9yrs)**
- 5:30-6:30pm **Grade 4 Ballet (9 - 11yrs)**
- 6:30-7:30pm **Intermediate Ballet**
- 7:30-8:30pm **Advanced 1 Ballet**

TUESDAY

- 4:00-4:30pm **Babies Ballet (2½ - 4yrs)**
- 4:30-5:00pm **Primary Ballet (5 - 6yrs)**
- 5:00-6:00pm **Grade 1 Ballet Exam Class (7 - 8yrs)**
- 6:00-7:00pm **Coaching class/Workshop**

WEDNESDAY

- 10:00-11:30pm **Adult Ballet/Fitness Class**

WEDNESDAY

- 4:00-4:45pm **Grade 2 Tap & Modern**
- 4:45-5:45pm **Grade 5 Tap & Modern**
- 5:45-6:30pm **Pointe Work Class**
- 6:30-7:15pm **Intermediate Foundation**

THURSDAY

- 4:00-4:30pm **Primary Ballet (5 - 6yrs)**
- 4:30-5:30pm **Grade 3 Ballet (8 - 9yrs)**
- 5:30-6:00pm **Pre-pointe Class**
- 6:00-6:30pm **Grade 4 Dances**
- 6:30-7:30pm **Grade 6 Ballet**

FRIDAY

- 4:00-4:30pm **Pre-primary Ballet (4 - 5yrs)**
- 4:30-5:30pm **Grade 1 Ballet (6 - 7yrs)**
- 5:30-6:30pm **Grade 2 Ballet (7 - 9yrs)**
- 6:30-7:30pm **Grade 7 Ballet**



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MEDICAL INFORMATION

Does the student have any ongoing medical issues that we should be aware of?

YES NO

If YES please explain _____

ADDITIONAL INFORMATION

1. How did you hear about Acton Ballet School?

Word of mouth Flyer Banner Website Social Media Other: _____

Your data will only be used to for contacting you and administering our School Services. We will not give any of your information to third parties or other organisations, except when necessary to run the Service.

LIABILITY DISCLAIMER: I understand that dancing and dance classes constitute athletic activities and that, although the teacher will take the utmost care to ensure my child's well being, injuries may occur. Acknowledging this, I hereby release and agree to hold harmless Acton Ballet School and its employees from any and all claims and liabilities, which may arise out of my child's participation with Acton Ballet School.

CONSENT: On occasion photographs/films are taken either during class or whilst participating in a show for publicity purposes (eg. the schools website, facebook). At no time will a child be left alone with the photographer or taken outside of the class or show performance. Please sign here to give your permission for your child to be photographed/filmed in these circumstances.

I have read and understood the student handbook and agree to the terms and conditions therein.

Signature of Parent / Guardian _____ Date _____

Please complete the form and return to the following address:-

Acton Ballet School, 7 Canon House, 10-11 Bruckner Street, London W10 4BF

Alternatively, please fill in and return the form by email to **actonballetschool@hotmail.com**