



GEORGINA PAY SCHOOL OF DANCE



REGISTRATION FORM

STUDENT DETAILS			
FIRST NAME(S)		LAST NAME	
DATE OF BIRTH		TODAY'S DATE	
1ST PARENT / GUARDIAN CONTACT DETAILS			
FIRST NAME(S)		LAST NAME	
RELATIONSHIP TO CHILD		HOME CONTACT NUMBER	
MOBILE CONTACT NUMBER		WORK CONTACT NUMBER	
ADDRESS (INCLUDING POSTCODE)			
EMAIL			
2ND PARENT / GUARDIAN CONTACT DETAILS			
FIRST NAME(S)		LAST NAME	
RELATIONSHIP TO STUDENT		HOME CONTACT NUMBER	
MOBILE CONTACT NUMBER		WORK CONTACT NUMBER	
ADDRESS (INCLUDING POSTCODE)			
EMAIL			
OTHER EMERGENCY CONTACT			
FIRST NAME(S)		LAST NAME	
RELATIONSHIP TO STUDENT		CONTACT NUMBER	
MEDICAL INFORMATION			
NAME OF DOCTOR		CONTACT NUMBER	
ADDRESS (INCLUDING POSTCODE)			
ALLERGIES		MEDICATIONS	
MEDICAL CONDITIONS			
SIGNED			

Please note that the information provided, is exclusively for the use of Georgina Pay School of Dance Ltd

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