

# Rowan Academy of Dance Enrolment Form

**Please complete and return to class next week with  
your registration fee of £20**

Pupils Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone \_\_\_\_\_

**Any Medical conditions we may need to know  
about**

\_\_\_\_\_

**I do / do not give permission for my child to be  
photographed for local papers, at exams or for  
publicity (Facebook and our Website)**

**Parents Signature**

\_\_\_\_\_

