

NAME OF PUPIL:.....

DATE OF BIRTH:.....

NAME OF PARENT:.....

ADDRESS:.....

.....

EMAIL ADDRESS:.....

CONTACT NUMBER:.....

EMERGENCY CONTACT NUMBER:.....

CLASS:.....DAY:.....

HAS OR DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING:

Asthma or bronchitis	YES	NO
Heart condition	YES	NO
Fits, faints or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known medication or drugs	YES	NO
Any other allergies e.g. material, food, insect bites etc	YES	NO
Any recent contact with contagious diseases or infections	YES	NO
Any other illness or disability	YES	NO

If the answer to any of these is YES, please give details overleaf

IMMUNISATION STATUS

Has your child received vaccination against TETANUS in the last five years?	YES	NO
Is your child receiving medical treatment of any kind from either your doctor or hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO

If the answer to any of these questions is YES, please give details overleaf (including dosage of any medication / tablets)

SIGNED BY PARENT / GUARDIAN:.....

DATE:.....

TERMS AND CONDITIONS

**DANCE FEES ARE TO BE PAID TERMLY
ALL FEES ARE TO BE PAID BEFORE THE TERM STARTS
ONE TERMS NOTICE IS REQUIRED
NO WEEKLY PAYMENTS ARE ACCEPTED
10 WEEKS PER TERM
SCHOOL UNIFORM IS EXPECTED TO BE WORN AFTER ONE TERMS ATTENDANCE**