



Principal: Elisabeth Swan FISTD
 28 Prykes Drive, CHELMSFORD, CM1 1TP
 Email: office@theweston.dance Tel: 01245 287638 Fax: 01245 49400C

Please complete and return the form below. Confirmation of class availability will be sent as soon as possible.

ACCOUNT DETAILS to whom invoices for payment should be sent (to be completed by all applicants)

Surname: _____ Title & Initial(s): _____
 Address: _____
 Postcode: _____ Telephone: _____
 Email: _____ Mobile: _____

STUDENT DETAILS (to be completed ONLY where different to above)

Surname: _____
 Address: _____
 Postcode: _____ Telephone: _____

FURTHER DETAILS (to be completed by all applicants)

| | Student 1 | Student 2 | Student 3 |
|--|----------------|----------------|----------------|
| Forename(s): | _____ | _____ | _____ |
| ISTD PIN (if known): | _____ | _____ | _____ |
| Date of Birth or Adult: | _____ | _____ | _____ |
| Male / Female: | _____ | _____ | _____ |
| Ethnic Group: | _____ | _____ | _____ |
| <i>(please use ethnic grouping codes as printed below)</i> | | | |
| Preferred start date: | ____/____/____ | ____/____/____ | ____/____/____ |

****PLEASE COMPLETE AND SIGN THE MEDICAL DECLARATION OVERLEAF ****

Please state the class reference(s) for the class(es) you / your children wish to attend:

| | | | |
|------------------------|-------|-------|-------|
| Ballet: | _____ | _____ | _____ |
| Modern: | _____ | _____ | _____ |
| Tap: | _____ | _____ | _____ |
| Commercial Dance/Jazz: | _____ | _____ | _____ |
| Musical Theatre: | _____ | _____ | _____ |

TERMS: I UNDERSTAND THAT, FOLLOWING THE AGREED TRIAL PERIOD, NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING BEFORE THE FIRST DAY OF TERM, OTHERWISE A FULL TERM'S FEES WILL BE PAYABLE.

Full terms & conditions are available upon request.

Signed _____
(self / parent / guardian)

OFFICE USE ONLY

A/C Ref: _____

| | | | | |
|----------------------|------------|-------|----------------|--|
| Classes - Student 1: | ____//____ | DOE | ____/____/____ | <input type="checkbox"/> P/W <input type="checkbox"/> Weeks <input type="checkbox"/> Database <input type="checkbox"/> Register |
| | ____//____ | A/S | ____/____/____ | |
| Classes - Student 2: | ____//____ | U/F | ____/____/____ | |
| | ____//____ | Con | ____/____/____ | |
| Classes - Student 3: | ____//____ | Notes | _____ | |
| | ____//____ | | _____ | |
| Enquiry Ref: | _____ | Rec: | _____ | |

REGISTRATION OF INFORMATION

The Imperial Society of Teachers of Dancing is committed to a policy of access and fair assessment for all those wishing to take their dance examinations.

The information requested overleaf will enable the Weston School to maintain accurate records, and the ISTD to comply with government requirements relating to this policy of equal opportunity. To this end, statistical information has to be provided on achievement and certification rates analysed by factors such as ethnic origin, disability and gender. Please use the appropriate code below, as shown in the left hand column, to indicate ethnic origin.

Candidates' personal details will be treated as confidential under the terms of the Data Protection Act.

Thank you for your co-operation.

Ethnic Groupings

(from the Government Statistical Services List)

| | | | |
|----|--------------------------------|----|--|
| | White: | | Asian or Asian British (contd): |
| 01 | British | 09 | Pakistani |
| 02 | Irish | 10 | Bangladeshi |
| 03 | Any other White Background | 11 | Any other Asian background |
| | Mixed: | | Black or Black British: |
| 04 | White and Black Caribbean | 12 | Caribbean |
| 05 | White and Black African | 13 | African |
| 06 | White and Asian | 14 | Any other Black background |
| 07 | Any other Mixed background | | Chinese or other ethnic Group: |
| | Asian or Asian British: | 15 | Chinese |
| 08 | Indian | 16 | Any other ethnic group |

EMERGENCY ACTION and MEDICAL DECLARATION

In the event of an emergency, should a teacher or other representative of the School consider it necessary, I agree to an ambulance being called for any of the students listed overleaf.

Signed: _____ (self / parent / guardian)

Please give details below of any medical condition (e.g. asthma) which may affect the participation in a physical activity of any of those students listed overleaf, together with details of any medication required, and whether he/she is able to administer this his/herself. Continue on a separate sheet if necessary.

Student 1 _____

Student 2 _____

Student 3 _____