



KEYWORTH SCHOOL OF THEATRE DANCE

REGISTRATION FORM

Name of student/s

Date of birth/s

Name of parents/carers

Address

.....

Postcode

Landline

Student email

Parent/s email

Student mobile

Parent/s mobile

Is there anything we should be aware of (e.g. allergies, injuries etc)?

.....

How did you find out about KSTD?

Parental consent: we would like to be able to include photographs and video footage on the dance school's website or on notice boards at the studio. We would also like to be able to take photographs and video footage in the studio or the theatre. The photographs will not be displayed with names of students. Please therefore complete as appropriate and sign below:

- Use of image in the media (local publications) YES NO
- Use of image on KSTD social media (Facebook/Twitter/Instagram) YES NO
- Use of image in KSTD publications/show programmes/notice board YES NO
- Use of image on KSTD website YES NO
- Use of video footage as part of dance training/workshops/shows/rehearsals YES NO

Comments

I have read and agree to the terms stated in the Data Protection Regulation Policy YES NO

I have read and agree to the Payment Terms and Conditions Policy YES NO

Pupil collection arrangements: as stated in our Child Protection Policy no children of school Year 6 and under are permitted to leave the premises without a designated adult unless we have been made previously aware in writing they are permitted to leave alone.

Parent's/Carer's signature (or student's if 18+)

Date

Office Use only
Class/es Joined