



Fusion Dance School APPLICATION FORM

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Child's full name: Date of Birth..... School year

Address:..... Postcode:

Parents' telephone numbers:

Home no: Parents Name & mobile no:

Parents Name & mobile no:.....

Contact email address:

If your child has any allergies or special needs, please advise:.....

Please list names of people who are authorised to collect your child:.....

Please let us know your Child's school/Pre school:

Has your Child attended a Dance School before if so please let us know the name.....

What subjects did they study.....

If they took exams what association was it with and to what level.....

How did you hear about Fusion Dance School

Class/es enrolled for

Yes I have read the Conditions as set out by Fusion and agree to them. I understand that there is an insurance payment due after completing 4 weeks and then again each March. I understand late fees will result in a fine.

I understand this data will be held in compliance with GDPR and by signing you agree that Fusion will hold the data on this form. When you leave the details will be deleted after 6 months however you have the right to be forgotten before and just request in writing to info@fusiondanceschool.co.uk

Signed: Parent/Guardian Date:

Print name:

Tel: 07817 983863 E-mail: info@fusiondanceschool.co.uk web www.fusiondanceschool.co.uk