THE DANCE BANK

Enrolment Form

Your N	lame		Relationship:
Name of Pupil			D.O.B.
Addres	SS		
		Post Co	ode
Best C	Contact No/s	:	
Email			
Branch Perth / Dunfermline / Dalgety Bay			
Class Day Class Times			
How did	you hear about us? Pl	ease tick all that	apply:
Internet	Search □ Newspap	er □ Atter	nded Previously □ Facebook □
Twitter [□ Poster □	Instagram □	Recommended By:
Dec	laration		
1)	I will notify the teacher of any medical or physical ailments or limitations that may affect the ability to participate in the classes enrolled for. I will update the teacher with any changes to medication or condition as appropriate. I am aware that fees are payable by the end of the first week of any new 9 week term and that if fees remain unpaid by the commencement of the fourth week, the pupil may be excluded from classes until the account is brought up to date, unless		
2)			
3)	an agreement is made with the Principal. I am aware that the fees are payable in 9 week blocks and that any classes missed may be made up at other times or locations, but that fees are non refundable for classes not attended.		
4) 5)	I am aware that at certain shows official video footage may be taken. I am aware that unless all fees are up to date, the pupils may not be allowed to enter external examinations or take part in shows or external performances.		

Signed Date Parent/Guardian/Pupil

www.thedancebank.co.uk