CURTAIN UPP®

STAGE SCHOOL

Student Registration Form

Please complete all sections clearly. Write “None” where a question does not apply.

Student Information

First name		Surname	
Date of birth			
Home address			
Town		Postcode	

Parent or Guardian / Emergency Contact

First name		Surname	
Relationship to student			
Home address			
Town		Postcode	
Home phone		Mobile	
Email			

Student Medical Information

Known medical conditions Type “None” if not applicable	
Known allergies Type “None” if not applicable	
Current medication Type “None” if not applicable	
Other relevant information	

Alternative Emergency Contact

Full name		Relationship	

Mobile		Home phone	
Email			

Former Dance School

Complete this section if the student attended another dance school in the last six months.

School name	
Length of time attended	
Last ballet grade & syllabus	
Last modern grade & syllabus	
Last tap grade & syllabus	
Other subjects, grades & syllabus	

Dance Class Interest

Please indicate whether your interest is for now or in the future.

Dance class	Now	Future
Ballet	☐	☐
Modern	☐	☐
Tap	☐	☐
Acrobatics	☐	☐
Street Dance	☐	☐
Musical Theatre	☐	☐
Private lessons (solos, duets and trios)	☐	☐

Parent or Guardian Declaration

I have read and understood the Curtain Upp® Stage School Policies and agree to abide by them.

Parent / Guardian name	
Parent / Guardian signature	
Date completed and signed	

Please return the completed form to Curtain Upp® Stage School.