

# THE WESTON

School of Dance & Performing Arts

Principal: Elisabeth Swan F.I.S.T.D.

28 Prykes Drive, CHELMSFORD, CM1 1TP

Tel: (01245) 287638

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: \_\_\_\_\_

## 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
Name:	_____	_____	_____
ISTD PIN (if known):	_____	_____	_____
Date of Birth:	____/____/____	____/____/____	____/____/____
Male / Female:	_____	_____	_____
Ethnic Group:	_____	_____	_____

(please use ethnic grouping codes as printed over)

**SHOULD YOU/YOUR CHILD SUFFER FROM A MEDICAL CONDITION WHICH MAY AFFECT HIS/HER TRAINING PLEASE GIVE FULL DETAILS AND SIGN THE DECLARATION OVERLEAF**  
**Please state the class reference(s) for the class(es) you / your children wish to attend:**

Ballet:	____//____	____//____	____//____
Modern:	____//____	____//____	____//____
Tap:	____//____	____//____	____//____
Jazz:	____//____	____//____	____//____
Other:	____//____	____//____	____//____

**\* I UNDERSTAND THAT NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING \***

**\* BEFORE THE FIRST DAY OF TERM OTHERWISE A FULL TERM'S FEES WILL BE CHARGED \***

I enclose an enrolment fee of £5.00 (non refundable) Signed: \_\_\_\_\_  
 (not for Pay-As-You-Go classes - see back page of timetable) (self / parent / guardian)

## OFFICE USE ONLY

A/C Ref: \_\_\_\_\_

Fee £ \_\_\_\_\_ Cash / Chq Ptd \_\_\_\_\_

P/W

Classes - Student 1: \_\_\_\_\_//\_\_\_\_\_ DOE \_\_\_\_\_/\_\_\_\_/\_\_\_\_  Weeks

\_\_\_\_\_//\_\_\_\_\_ A/S \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Classes - Student 2: \_\_\_\_\_//\_\_\_\_\_ U/F \_\_\_\_\_/\_\_\_\_/\_\_\_\_  Database

\_\_\_\_\_//\_\_\_\_\_ Con \_\_\_\_\_/\_\_\_\_/\_\_\_\_  Register

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)

	<b>White:</b>		<b>Asian or Asian British (contd):</b>
01	British	09	Pakistani
02	Irish	10	Bangladeshi
03	Any other White Background	11	Any other Asian background
	<b>Mixed:</b>		<b>Black or Black British:</b>
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		<b>Chinese or other ethnic Group:</b>
	<b>Asian or Asian British:</b>	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 \_\_\_\_\_