

Student Enrolment Form

PLEASE PRINT IN CAPITALS:

| I would like to enro | ol | Date of Birth |
|--|---------------|--|
| | | Date of Birth |
| For the following: | Ballet: | Day |
| | Modern: | Day: |
| | Тар <u>:</u> | Day: |
| | Jazz: | Day: |
| | Acro | Day: |
| | Code: 090128 | on-refundable) made payable to Salisbury Dance Studios or Account Number: 61960885. Put Student's name as reference. |
| Address | | |
| | | _Post Code |
| Email address: | | |
| Telephone | Day | Eve: |
| | Mol | bile: |
| Medical / Physical of Joint pains, allergies | | at we should be aware of eg. Asthma, Diabetes, Epilepsy, |
| I understand that d faculty. | ue to the nat | ure of Dance, physical contact may be necessary by the teaching |
| | • | e, and will give a term's notice (excluding holidays) or fees draw from a class or classes. |
| If you do not wish t please tick the box: | | any publicity or promotion related to Salisbury Dance Studios |
| Signed | | Date |
| | | |

Return with deposit to: Miss K Y Wong, 6 Tozer Way, Whaddon, Salisbury, SP5 3FT. Email: admin@salisburydancestudios.co.uk



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IMPORTANT INFORMATION REGARDING GENERAL DATA PROTECTION REGULATION (GDPR)

New GDPR regulations from 25 May 2018 requires us to inform you of the following:

- 1. We (Salisbury Dance Studios) are holding your personal data information i.e student's names, date of birth, address, contact numbers, email address, parents / guardians names. Also medical information, registration numbers with relevant examination bodies and exam results.
- 2 We have this data so that we can contact you if we need to inform you of anything relevant to you or your child attending classes at Salisbury Dance Studios or if you or your child should be taken ill during a class and therefore this data may also be shared with our staff.
- 3. The data is only shared with the following organisations: The Royal Academy of Dance (RAD), Imperial Society of Teachers of Dancing (ISTD) for the purposes of entering pupils for examinations.
- 4. The information is kept until either you or the student leaves the school and it will then be archived.
- 5. The data is securely held and if our data is breached you will be informed within 72 hours.
- 6. If you need to access the data held please speak directly to Miss Kim or Miss Katy and we will be happy to provide this for you.

IT IS VERY IMPORTANT THAT YOU ARE HAPPY FOR SALISBURY DANCE STUDIOS TO HOLD YOUR DATA AS OTHERWISE WE ARE UNABLE TO DELIVER CLASSES FOR ADULTS & STUDENTS OR ENTER STUDENTS FOR EXAMINATIONS.

| Student's Name: | | |
|--|---------------|--|
| Parent / Guardian (under 18): | | |
| I consent to be contacted by email and receive information re- | levant to SDS | |
| I DO NOT wish to be contacted by email from SDS. | | |
| Signed: D | ate: | |