POINTE ROCKS REGISTRATION FORM



Name of Student	
Name that he/she likes	
to be known by (if any):	
Date of birth:	
Address:	
Home Number:	
Mobile Number:	
E-mail address:	
Preferred method of	
contact (text/call/email)	
Names of	
parents/guardians:	
Emergency telephone	
number:	
number.	
Allergies/medical	
information (asthma,	
scoliosis etc.) that the	
school should be aware	
of:	
Previous dance	
experience (if any) and	
examination details if	
applicable:	

Any other information that the school should be aware of:		
Signature: (Signature of parent or legal guardian, if student is under age 18) Date:		
POINTE ROCKS TERMS AND CONDITIONS		
We are only responsible f	ated in the strictest confidence. or your child when they are in the hall. fuse or withdraw places at our discretion.	
All fees are payable in adby Cash, Cheque or Bank	Ivance of classes commencing. Payment is Transfer.	
Please make cheques payable to Kelly Holliday and please write your name (or child's name) on the back of the cheque.		
If paying by Internet Bank Sort code: 30-92-82 Account No: 02544190 Reference: Name/child's r Please allow 4 working da		
· ·	ute classes) £44 per term (11 classes) ute classes) £55 per term (11 classes)	
Notice period is half a ter	m	
Please tick to confirm Rocks Terms and Condition	m that you have read and accept Pointe	
Signature		
(Signature of parent or leg	gal guardian, if student is under age 18)	