



## PUPIL INFORMATION

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender:            Male            Female  
(please circle)

Date of Birth:    /    /

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

School Attended \_\_\_\_\_

E.Mail Address \_\_\_\_\_

If your child has any medical condition or disability, please outline this below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my consent for my child to take part in lessons at Motion Dance Company.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date    /    /