

# Aspire Performing Arts Student Registration Form



## **Student Information**

Name: .....

Age (if under 18): .....

Phone Number (if applicable): .....

Email (if applicable): .....

## **Parent/Guardian Contact Information**

Name: .....

Phone Number: .....

Email: .....

Relationship to student: .....

## **Which class/classes would you like to sign up for? (tick all that apply)**

- 1-2-1 Singing (30 Minutes)
- 1-2-1 Singing (60 Minutes)
- LAMDA Acting
- LAMDA Musical Theatre
- Adult Academy
- Junior Academy
- Mini's Introduction to Music

**Does the student have any health conditions, learning difficulties or disabilities that the school should be aware of?** *Please write any necessary information in the table below.*

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\*All contact information will be securely stored by the principal for regular contact and in case of an emergency. Please see our privacy policy for further information.

Please fill out the above and send back to [info@aspire-performingarts.co.uk](mailto:info@aspire-performingarts.co.uk) along with the signed Terms and Privacy Policy documents.

Classes will **NOT** commence until all three documents have been received by the principal.

We look forward to welcoming you to the APA Family!