

# SurreyHills Dance Centre – Registration Form

PUPIL'S DETAILS	
<b>Full name of pupil</b> (as required on examination certificates)	
<b>Date of Birth</b>	
<b>Sex</b>	Male      Female
<b>Home Address</b>	
	<b>Post Code :</b>
<b>Medical Issues</b> (Please note any medical considerations)	
<b>Pupil's Phone Number</b>	
<b>Ethnic Origin</b> (Please highlight or add at bottom) <i>This is a UK government requirement of all organisations such as ours</i>	White      Black      Asian      Far Eastern British Western European – (state country) Eastern European – (state country) African – (state country) Asian – (state country) North American – (state country) South American – (state country) Australasian – (state country) Other – (state) Unwilling to state
<b>Parent or Guardian Details</b> (please complete for one or two parents or guardians)	
<b>Name</b>	
<b>Relationship to pupil</b>	
<b>Home Address</b>	
	<b>Post Code :</b>
<b>Contact Telephone Numbers</b>	
<b>Name</b>	
<b>Relationship to pupil</b>	
<b>Home Address</b>	
	<b>Post Code :</b>
<b>Contact Telephone Numbers</b>	

**Additional Information:**