



Registration Form

Childs name: _____

Date of Birth: _____

Address: _____

Telephone Number: (Home) _____

(Mobile) _____

Email address: _____

If you are transferring from another school or have previously taken ISTD examinations you should have been allocated a pin number.

ISTD Pin Number: _____

Ethnic Origin (**Please Circle Below**). This is required for examination registrations.

- | | | |
|------------------------------|--------------------------------|----------------------|
| 10 White, UK heritage | 22 Black Other | 40 Pakistani |
| 11 White, European | 23 Mixed White/Black Caribbean | 50 Bangladeshi |
| 12 White, other (known) | 24 Mixed White/Black African | 51 Asian Other |
| 19 White, type not known | 25 Mixed White/Black Asian | 60 Chinese |
| 20 Black, Caribbean heritage | 26 Mixed Other | 90 Other |
| 21 Black, African heritage | 30 Indian | 98 Prefer not to say |

Which class does you child attend/wish to attend?

Are there any medical conditions teachers may need to be aware of? E.g. Asthma, allergies

Please state how you found out about aada classes

I am aware that cameras and video equipment may be used at school events.

(Please tick and initial) _____

I am aware that physical contact is necessary when correcting technique and stance.

(Please tick and initial) _____

Signed (Parent/Guardian): _____

Print Name: _____ Date: _____

The information received will be treated as confidential
Please see invoice for terms and conditions of payment

Many Thanks
Amanda