

X7EAVEN ACADEMY APPLICATION FORM

This form must be completed and returned or you will not be taken on.
X7eaven Academy will not disclose personal information without permission.

1. Applicant Information:

Full Name of Applicant..... Age..... D.O.B...../...../.....

Gender: M / F

Address:.....

..... Postcode:

Telephone No: Home: Mobile: E-Mail:.....

2 Emergency Contacts:

Contact 1 Name:

Emergency No Daytime: Mobile:

Contact 2 Name:

Emergency No Daytime: Mobile:

3. Medical Information:

Allergies (Asthma, Hay fever if none please write 'none'):

.....

Please specify any medical Conditions:

.....

Doctors Name: Tel No:.....

Address:.....

I consent to receiving medical treatment in emergency Yes No.....

4. Additional Information

.....
.....

Shoe size **T- Shirt size**

Ethnic Monitoring: It is necessary for us to collect the following information for statistical and recording purposes, since from time to time such information is required by the local authority or organisations from which we receive funds. If you prefer not to complete this section your application will not be affected in any way.

I would describe my child as being of the following ethnic origin (Please tick)

- | | | | |
|----------------|------------------|-----------------------|--------------------|
| White..... | Pakistani..... | Arab..... | Black British..... |
| Caribbean..... | Bangladeshi..... | Greek | Asian British..... |
| African..... | Chinese..... | Cypriot..... | Mixed..... |
| Indian..... | Vietnamese | Turkish Cypriot | Irish..... |

Other (please specify)..... I would prefer not to answer

Please Note if you do not keep up with Payments you will lose your space.
Term /Month payments will change depending on the length of term.

Membership £40.00 1 class per term £60..... 2 classes per term £108 3 classes per term £156.....

Street dance..... Contemporary Drama Singing.....

(Cash) Total £

Signed..... **Dated**...../...../.....

Office use