



Alison Jane Academy sign up form

Student information:

First name Surname

Date of birth:

Address:

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.....

Post code

Any allergies?

Yes No

If Yes, please add details below:

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.....

Any medical conditions? (asthma, epilepsy etc.)

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Parent/ guardian name 1:

.....

Contact number:

Email:

.....

Parent/ guardian name 2:

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Contact number:

Email:

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Class/ Classes enrolling onto:

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Photo/ Social media permission:

I do/ do not give permission for photos to be taken of my child and used for social media purposes.

These photos may be used for our academy instagram, facebook and website only. This is for promotional purposes and allows other people to see our great classes and the fun the students have and you get to see your child enjoying the classes too!

Signed

.....

Print name

.....

Date:

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Any other notes for us to know or be aware of please list below, this can also be discussed with the Principal Jemma who is happy to help in any way.

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