

AMBER GORDON SCHOOL OF DANCE

AAISTDdip RAD RTS

ENROLMENT FORM 2019-2020

NAME OF CHILD

NAME OF PARENT

DATE OF BIRTH AGE

ADDRESS

.....

MOBILE NUMBER

EMAIL ADDRESS

CLASSES ATTENDING

PERMISSION

Please let us know your preferences

- I am happy to receive infrequent information via email/whatsApp regarding AGSOD shows, classes and events. This data will be stored with GDPR compliant Mailchimp

Yes No

- I have read, understood and agree to AGSOD Privacy notices found on the school website

Yes No

- AGSOD collects data in order to provide classes to participants, by submitting information you are agreeing to our Customer and Student Privacy Notice.

- AGSOD have my permission to take photograph's/video's during classes, workshops, events and performances for the purpose of marketing, publicity and/or archiving.

Yes No

These will never be shared with any identifying information (age, location etc). There may be times where we will share first names but only with the explicit consent of the parents.

- Some attendees at events may film/take photograph's for their own personal use (e.g. parents of other participants). Do you consent to this?

Yes No

Please understand in the interests of data Protection, by selecting no, we will not be able to allow any recordings in which your child appears.

- I am happy for my child's full name to appear in the AGSOD end of year show programme.

Yes No

- I agree to inform the school and give one months notice if stopping lessons.

Yes

- I agree to pay fees promptly and with clear details of what is being paid.

Yes

Parent/guardian Signature

