

 **THE ANGELA GRANT**   
**SCHOOL OF DANCE**

1 Elmond Mansions, Hanbury Road London W3 8QY

Tel. 0781 329 6221

[www.balletclasseslondon.co.uk](http://www.balletclasseslondon.co.uk)

✉ [angela@balletclasseslondon.co.uk](mailto:angela@balletclasseslondon.co.uk)

**REGISTRATION FORM**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Any allergies/special needs/asthma or other conditions? Please state.

\_\_\_\_\_

\_\_\_\_\_

Any broken/fractured bones or serious injuries?

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How did you hear about The Angela Grant School of Dance?

\_\_\_\_\_

Any other relevant information?

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ROYAL ACADEMY OF  
**DANCE**  
REGISTERED TEACHER



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