

Catherine Casey School of Dance

Application Form

Please complete and sign
this form and send to:

Catherine Casey School of Dance
36 Griffeen Glen Ave
Lucan, Co. Dublin

STUDENT DETAILS

Forenames : _____ Surname : _____

Date of birth: _____

Age group (**please choose one**):

Parent & Toddler (18-36 months) Preschool 1 (3-4yrs) Preschool 2 (4-5)

Class in National School (if applicable) _____

Class in Secondary school (if applicable) _____

Which branch would you prefer to attend (please circle one) Castleknock/ Lucan/ Shankill

How did you hear about the school?: _____

PARENT/GUARDIAN CONTACT DETAILS

Forenames : _____ Surname : _____

Address: _____

Telephone : _____ Email : _____

Relationship to Student : _____

ALTERNATIVE CONTACT : _____
(please give name of friend or relative)

Forenames : _____ Surname : _____

Telephone : _____ Email : _____

CHILD'S PREVIOUS DANCE EXPERIENCE (IF ANY) _____

Is there any medical condition or other circumstance of which you would like the school to be aware of? (If yes please give necessary details)

Signed : _____ **Date :** _____



Parent Release Form for Photography and Videography/ GDPR compliance

I, the undersigned, give permission for Catherine Casey School of Dance to use video footage and / or photographs of my child/ward, _____.
This usage may include (but is not exclusive to) displaying publicly, distributing, or publishing, photographs, and/or video of my child for use in materials that include, but may not be limited to:

- printed materials (eg - brochures and newsletters)
- online and offline advertising and promotion
- videos and digital images such for use on Social Media.

By signing this form, I acknowledge that I am giving unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Catherine Casey School of Dance for a variety of purposes and that these images may be used without further notification. I do understand that any identifying information including surname and location will not be used in conjunction with any video or digital images.

Parent/Guardian signature _____ Date _____

Our preferred method of communication is through email & text. We will never share your data and we promise to keep your details safe & secure.

In order to keep you up to date with details concerning your child's classes/school events/newsletters etc. please sign the opt-in below.

I give my consent to receive communications from Catherine Casey School of Dance via email address & phone number provided.

Parent/Guardian signature _____ Date _____