

Please return by email or to: 74 Ellesmere Road, Altrincham, WA14 1JD.

| PLEASE FILL OUT IN BLOCK CAPITALS/ YOU MUST FILL OUT A FORM FOR EACH EXAM. | | | | | |
|---|-------------|---------------------|-------------|-------------------|--------------|
| STUDENT'S NAME: | | | | | |
| (Please ensure the name is written exactly as you would like it to appear on the certificate) | | | | | |
| STUDENT'S DATE OF BIRTH: | | | | | |
| DATES/TIMES UNAVAILABLE FOR EXAM: | | | | | |
| EXAM BOARD: | RAD [] | NATD [] | | | |
| SUBJECT: Ballet [] | Tap [] | Modern [] Street [] | | | |
| GRADE: | | | | | |
| EXAM FEE: (DUE 22/09/25) £ | | | | | |
| EXTRA CLASS FEE: (DUE 01/11/25) <u>£45.00</u> | | | | | |
| AMOUNT PAID: | Exam Fee [] | | Extra Class | Fee [] | Both Fees [] |
| DATE PAID: | | | | | |
| PAYMENT METHOD | Bank Transf | fer [] | Cash [] | Class for Kids [] | |
| IMPORTANT! EXAM FEE MUST BE PAID BEFORE RETURNING THIS FORM. IF THE EXAM FEE | | | | | |

IS NOT RECEIVED BY THE DUE DATE, STUDENTS WILL NOT BE ENTERED INTO THE EXAM.