ROYAL ACADEMY OF DANCE

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PART B - PUPIL REGISTRATION

Member’s Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Membership Number |__|__|__|__|__|__|

Name of School |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

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School ID Number *(If known)* |__|__|__|__|__|__|

Please photocopy this form until you have included the names of all students you currently teach.

Please enter the candidates name in the order you would like the certificates to be printed		DATE OF BIRTH	GENDER (M or F)

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FORM GEF5 (PUPILS)