ROYAL ACADEMY OF DANCE

Examinations
36 Battersea Square London SW11 3RA
t: +44 (0)20 7326 8057 **f:** +44 (0)20 7924 2311 **e:** exams@rad.org.uk

PART B - PUPIL REGISTRATION

Member's Name

Membership Number

Name of School

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)

ROYAL ACADEMY OF DANCE

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

FORM GEF5 (PUPILS)

ROYAL ACADEMY OF DANCE